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PART I.—ORIGINAL COMMUNICATIONS.

ARTICLE I.

Use of Hyd. Potass. in Hydrocephalus. By Thompson Mead, M. D., of Batavia, Kane county, Illinois.

The following cases of Hydrocephalus—the symptoms of which were well marked and decided in their character—were wholly treated by Hyd. Potass., unless there were some complications which required other means. Without detailing the symptoms as they occurred from day to day, I shall only mention the dose, &c., and the result. By saying they were wholly treated by Hyd. Potass., I mean that my entire dependence was in this, though, to some extent, other means were made use of.

Case I—*June 16th*, 1842.—W. B., aged 5 years, strumous habit. The case was considered hopeless. The bowels having been moved by a calomel purge, I resorted to Hyd. Potass., and gave it in substance in doses of three grains every two and a half hours—the application of cold and blisters still continued. After the third dose, the pulse became slower and fuller and heat more equal.

June 17th.—The patient could be roused. Heat and circulation much more equalized; scarcely any appearance of convulsions or strabismus; free secretion of urine, which

was dark and rather fetid; eye sensible to light and pupil more natural. I gradually reduced the size of the dose and increased the intervals. On the fourth day I considered the patient out of danger. There was no other medicine given except an occasional dose of oil to move the bowels.

Case II—*July 10th*, 1843.—A. H., aged 6 years, stroumous habit. This case was considered incurable, and the attending physician had discontinued his visits. The bowels had been freely moved by salts and senna. I gave three grains of Hyd. Potass. every three hours; continued the counter irritation, cold to the head, as the head was hot, &c.; and gave calomel and ipecac. once in three hours, in the intervals of giving the Potass.

July 12th.—Perfect restoration of consciousness, though complains of some pain in the head; free discharge of urine; bowels more open; extremities warm. In short, the disease entirely subsided under this course. On the 12th, the mouth became sore with dribbling of saliva. There was none of that fetor characteristic of a calomel sore mouth. On the 15th I considered him out of danger.

Case III—*December 20th*, 1845.—J. R., aged 4 years, strumous habit. This case was complicated with some mesenteric disease, and was considered incurable—the attending physician having discontinued his visits. The original attack was pneumonia, and attended with considerable derangement of the bowels. As the pneumonia subsided, the trouble in the brain supervened. I gave the Potass. in substance, in doses of three grains every three hours, and a pill of calomel, ipecac. and quinine once in three hours in the intervals of giving the potass. On the 25th the coma, &c., had entirely subsided, as well as all disposition to convulsions; a free discharge of urine; throat and mouth sore. There was considerable tenderness of the abdomen; evacuations from the bowels dark and fetid; general restlessness. I added morphine to the pill and gave it once in six hours, and also made use of counter irritation. He remained weak and irritable for some time but gradually recovered. Appetite became natural, bowels regular, and the enlargement of the abdomen finally entirely subsided. I continued through the entire course the potass. in moderate doses—towards the last I gave it in solution.

Case IV—*November 20th*, 1846.—J. W., aged 19 years, strumous habit. This patient had been sick for some time before I saw her, and I inferred, from the account I received of her previous sickness, that the effusion followed congestion of the brain as a consequence of chills, &c. It was complicated with considerable hepatic disease. For two or three periods the catamenia had been almost entirely suppressed, and the chills had been followed by more or less stupor; and on one occasion the entire body was covered with purple spots. At this time the stupor was not immediately preceded by a chill. She had complained for some weeks previous of pain, dizziness, a feeling of emptiness in her head, a sensation of falling forwards which was more or less constant, and now and then double vision. About November 12th, there was evidence of hepatic disease—the liver could be felt considerably enlarged at the time I first saw her. On the 25th a severe hæmorrhage occurred from the bowels, which, however, was easily controlled by Tannin. This was followed by a discharge of pus of a greenish yellow appearance. These discharges prostrated her considerably, and immediately following this last evacuation the tenderness, &c., over the liver subsided.

November 20th.—The urine has been suppressed for some three days. I applied a blister on the neck and on the temples, kept the one over the liver open, and applied mustard to the extremities. I gave her what I judged to be ten grains Hyd. Potass. every three hours, and a pill of—

℞.—Ext. Tarax. gr. iij.;
Sulph. Quinia gr. j.;
Calomel gr. ½;
Morphine gr. ¼;

every six hours.

November 23d.—My case book reads: "Better than has been; a free discharge of urine which was dark, &c.; pulse 98 (had been up to 118); extremities warmer; eyes somewhat sensible to light; pupils not so much dilated; countenance less expressive of suffering; relaxation of the flexors, &c."

The bowels not having moved off as much as was desira-

ble, I ordered crot. oil and soap in the form of a pill once in two hours till it should operate.

November 25th.—The pulse was reduced to 88; urine not so dark as on the 23d; the oil had freely moved the bowels; as the stupor subsided she evinced symptoms of mental derangement; pupils rather contracted. After the hæmorrhage from the bowels, I omitted the calomel, and increased the amount of quinine.

November 27th.—Better; tongue cleaning; bowels regular. From this time forward she steadily improved, the mental derangement gradually subsided, and all the functions were healthily performed.

In all cases after the dribbling of saliva commenced, I diminished the dose materially, and in some cases had to omit it for a time. These cases have been taken at random from among others in which I have tested the value of this agent, and in all the cases I have mentioned all the ordinary means had been made use of, and without any appreciable benefit, with the exception of the case of L. W. I am confident it is a remedial means of no ordinary value in this disease. The most marked effect in all the cases in which I have given it was diuresis, dribbling of saliva, and generally the rapid disappearance of the convulsions, and the insensibility.

The conditions of the brain in which I have mostly used this agent are *Hydrocephalus* and *Hyperæmia*. For the former I consider it as much of a specific as anything in medicine can be. That it will generally cure unless dependent on organic disease I aver—that it will occasionally fail I admit. *Hydrocephalus*, in a majority of cases, attacks patients in whom the strumous diathesis is predominant, and, if any reliance is to be placed in the pathological investigations of *Dana*, *Gerhard*, *Greene*, *Guersent*, *Becquerel*, and others, that the effusion is caused by a "deposition of tubercular granulations on the surface of the cerebral layer of the arachnoid membrane," in all cases, why may not its modus operandi consist in effecting some change in those granulations, even if they do not cause their absorption, and in checking that diseased action on which those deposits depend? We know full well that Hyd. Potass. has singular control over strumous

affections. When it is liberally given, as it should be in such cases, heat and circulation become equalized, all the functions become healthy, but the kidneys are the first to resume their wonted activity.

About the time the heat and circulation become equalized the throat and mouth become sore—a species of ptyalism comes on, yet different from that which is occasioned by calomel. I have noticed this to a greater or less extent in all the cases which I have seen recover by the use of this agent; and I have no recollection of a case which recovered when it did not appear. I have, therefore, been led to consider it as an evidence of its *specific* or *constitutional effect*. I have seen it restore the heat in the extremities, and, to some extent, increase the amount of urine, and exert a controlling influence over the convulsions, &c., and yet the patients sink under the disease—the mouth and throat showing no evidence of soreness. If it cannot be considered an evidence of its specific or constitutional effect, it certainly must be regarded as a curious coincidence. I have not observed any injurious effect from it on the stomach and bowels, even when given in large doses and frequently repeated.

Hydrocephalus has been one of the *opprobria medicinæ*, and I am convinced that it will not much longer be so if physicians would give Hyd. Potass. a thorough trial; though not to the exclusion of some of the ordinary means, such as counter irritation, cold to the head when necessary, keeping the bowels freely open, &c.

In getting at the true value of a medicinal agent, it is the duty of a physician to take into consideration its effects on the animal economy in health, the various conditions of the system in disease, and the circumstances by which the patient may be surrounded, which will, to a greater or less extent, modify its effect on the organization. The opinions that may be entertained of the remedial effect of any particular article of the Materia Medica unless its operation is investigated in this manner, are very often erroneous, and this diversity of opinion has only arisen from the too careless manner of tracing the relation of cause and effect, to the extent it can be in medicine. Medical evidence must of necessity be cumulative — when one fact is indisputably

established, it is material either in strengthening or refuting theories, and becomes the foundation for other improvements.

January 15th, 1847.

[We have taken the liberty of publishing the above with the author's name, for which we hope he will excuse us. We could not suppress it, and we have adopted the rule of publishing no anonymous article.—*Editors.*]

ARTICLE II.

An Inguinal Hernia radically cured by scarifying the Neck of the Sack. By G. N. Fitch, M. D., Professor of Institutes and Practice in Rush Medical College, Chicago, Illinois.

James W., a farmer, aged 35 years, had an ancient scrotal hernia, of large size. On the 20th December, 1845, it became strangulated. My friend, Dr. A. B. Buchanan, of this place, (Logansport, Ind.,) visited him and left no exertion untried, for the space of ten hours, to remedy it, but in vain. The doctor then requested me to operate. No difficulty was experienced in the operation other than what arose after the division of the stricture from the reduction of a vast mass of intestine. Knowing the tumor would doubtless return after his recovery from the operation, and seriously interfere, as it had heretofore done, with his labor, his only means of subsisting himself and family, I determined to adopt Richter's advice (*Traite des Hernies*, p. 191), and scarify the neck of the sack to procure the adhesion of its sides. Accordingly a probe pointed bistoury was carried through it, by which it was freely scarified in every direction. Considerable peritoneal inflammation followed, but little, if any more, however, than would have followed the operation without the scarification. It yielded readily to appropriate treatment. Complete obliteration of the neck of the sack was obtained; as up to this time (March, 1847), there has been no appearance of the hernia, although the patient has used the utmost physical exertions incident to his laborious occupation in a new and heavily timbered country.

This is the first case of the kind in which I have followed

Richter's advice; but if cases present themselves requiring operation for strangulated hernia, it most assuredly will not be the last. Indeed I know of no good reason why so mild a means of radically curing this, at all times, troublesome and occasionally dangerous accident, is not generally resorted to. The most that can be urged against it is its occasional failure — but what surgical operation is not liable to the same objection?

ARTICLE III.

Observations on Prolapsus Uteri and its Treatment; with an account of Dr. Charters' Abdominal Supporter. By JOHN EVANS, M. D., Professor of Obstetrics and the Diseases of Women and Children, in Rush Medical College, Chicago, Ill.

Prolapsus Uteri is divided into three classes by the degree of the displacement: 1st. Partial; 2d. Incomplete; and 3d. Complete prolapsus.

The most common displacement of the uterus is what has been termed by authors partial prolapsus. It consists in a depression of the viscus below its natural position; the os tincæ descended but a little way into the vagina, and pressing its superior extremity forward into a larger fold than natural, just before its attachment to the cervix. This is liable to occur at all ages after puberty, while complete or even extensive prolapsion is seldom found in the female who has never been pregnant.

Incomplete prolapsus is a descent of the uterus so that the os tincæ approaches near to, or protrudes a little beyond the os externum. It is second in frequency.

Complete prolapsus is fortunately extremely rare, and consists in an inversion of the vagina, and the protrusion of the uterus in it without the labia. The forms of the disease differ pathologically only in degree.

The pathology of prolapsus uteri has been but imperfectly understood until quite recently; and in fact there is yet a veil of obscurity hanging over the subject.

Without hoping entirely to remove it, we will inquire into the condition of the parts in health, and the changes that are wrought by displacements of the uterus.

The uterus is situated near the centre of the pelvic cavity, and floats freely between the rectum posteriorly and the bladder before, with its fundus presenting upward, upon which rests the floating convolutions of the small intestines. Above and to the right is the cœcum of the colon, and to the left the segmoid flexure of this larger intestine, both of which float to some extent, and are liable to press down and rest upon it. On either side of the uterus are its only ligaments; the broad—simply a fold of the peritoneum—containing the others, all of which are loose, and afford no other support to the organ than to prevent great lateral inclinations or extensive rotations.

Below, it is received by the vagina, which is attached to and surrounds the cervix. Posteriorly, the vagina, for a distance, has no attachment, being lined exteriorly by the peritoneum, and here, of course, it assumes a membranous character. Anteriorly it is bound to the bas fond of the bladder by the vesico-vaginal septum, which can give it but little support, as the bladder is entirely loose and flexible at this point. The anterior and posterior walls of the vagina, being pressed in by the rectum and bladder are in contact, leaving the lateral walls narrow, which are bound by loose cellular tissue to the sides of the pelvis. Thus it is manifest that the superior portion of the vagina can afford but little support to the uterus. The vulvar extremity of the vagina is much more strongly bound by the lateral cellular attachments, the recto-vaginal and the urethro-vaginal septa. The vagina is situated in the curvilinear line of the common axis of the pelvis, and forms, at its attachment to the uterus, an angle of about sixty-five degrees with it. It rests upon the rectum and the perinæum, which are supported by the transversus perænei and levator ani muscles, which form the floor of the pelvis and support its viscera.

In connection with this description of the parts, the position of the pelvis must be borne in mind. The plane of the superior strait being inclined forward and downward at an angle of about forty degrees, with the promontory of the

sacrum projecting forward over its cavity, relieves the pelvic viscera and the perinæum, of much of the weight of the abdominal viscera and the force of the impulse given them downward by the contractions of the diaphragm, by throwing them forward upon the pubes and abdominal parieties. But at the same time it places the vagina more nearly in a vertical position, and thus places the uterus more directly over it.

The perinæum and the abdominal muscles just above the pelvis, are antagonists to the diaghragm and the superior abdominal parieties. This is a fact I do not recollect to have seen stated in this connection, of which any one may satisfy himself by placing his hands upon the abdomen above, and the regio-pubis, while making an effort at fæcecation. The regio-pubis will be found to project during the effort, and preventing it from doing it will materially interfere with the force upon the perinæum.

The relaxation, at least a fixed position without contraction, of the parieties of the lower part of the abdomen, to a certain extent, is necessary, to allow the force from above to press the abdominal viscera past the promontory of the sacrum into the pelvis.

Now when the system is debilitated, and the connections of the vagina are relaxed, the support to the pelvic viscera given by the transversus perinæi, levator ani, and the lower abdominal muscles being enfeebled, straining efforts at stool, in lifting, or other violent exercise, must tend directly to produce prolapsus. When from such causes the uterus is pressed downwards and forwards into the vagina, it is exceedingly difficult to induce it to resume its natural place—especially if the pressure of the abdominal viscera, the relaxation, or the efforts that caused it are yet operating.

For the symptoms of prolapsus the reader is referred to systematic authors.

The great frequency of the occurrence of a prolapsed condition of the uterus amongst the females of the west, must have attracted the attention of almost every physician in this region of country. And he has been extremely fortunate in practice who has not been much annoyed and perplexed in its treatment.

It is believed that displacements of the uterus are much

more common in the western country than in any other section of the United States, for which there seems to be several good and satisfactory reasons found in the habits of life and want of general health amongst the sufferers.

The following causes, with others, operate to produce prolapsus uteri in almost all countries, but they are mentioned as being more common in the west.

1st. The female portion of our community are subjected to many more hardships than in older settled countries, and perform much more bodily exertion in walking, lifting, &c.

It is not unfrequently the case that women in the country labor in the field, reap grain, mow and pitch hay, plough, hoe, and in fact perform almost all the laborious duties so fitly assigned by the rules and customs of civilized sociey to the other sex. I know a widow lady who, with a family of daughters of robust constitution, carried on the farm with little if any help, except from them, for two or three years after the death of her husband. The consequence is, the girls have been for some time under treatment for prolapsus uteri. In the settlement of new countries there are always privations which impose upon females a necessity for greater bodily exertions than where the conveniences of life are abundant. This renders such exertions common, fixes public sentiment in favor of them, and they are carried to a much greater extent than necessity actually requires.

2d. They are subject to these oftentimes while the general health is impaired from the epidemic diseases of the country —intermittent and remittent fevers.

From what has already been said in reference to the pathology of prolapsus, the influence of general debility in predisposing to it, and rendering slight exciting causes most effective in its production, will be apparent.

In the summer and autumnal months the western country is usually visited by an epidemic of intermittent and remittent fevers, with a train of concomitant local affections either produced or modified by it. These often debilitate to a great extent, when appearing in their milder forms, without causing patients to entirely suspend their daily avocations. This is more particularly the case with females during these seasons of the year, when servants are scarce and

often other members of the family, from sickness, require attention, and hence arises a fruitful cause of displacement of the uterus.

3d. The epidemic diseases often derange the functions of the uterus, producing engorgements while the parts are much relaxed, from the debility they produce.

The diseases of the west particularly affect the abdominal viscera. The congestions that attend every paroxysm of intermittent, spend their principal force upon the blood-vessels of the abdomen; hence we have enlargements of the spleen and liver, congestions of the portal circle, deranging the functions of the stomach and bowels; often causing the latter to become loaded with fœces, and engorgments of the uterus and its appendages. The load thus accumulated upon the pelvic viscera, together with their increased weight, can but have the effect to press them down and produce prolapsus.

4th. They frequently rise too soon after confinement and while yet feeble, enter upon the performance of the ordinary duties of housewifery.

I have thought that, from imprudence, and, in some cases, apparent necessity, the women of the west rise much earlier after confinement than in most other countries. This is a well known and operative cause of uterine displacements in all countries. The increased weight of the uterus, the relaxed condition of the vagina and perinæum, make it a matter of wonder that any female should rise in ten days or two weeks after delivery and escape the most troublesome prolapsus. Yet our western women often rise within the first week, and sometimes even within three or four days.

Treatment.—The treatment of prolapsus, as pursued, presents as many modes of practice as any other disease of the country. This arises from the diversity of opinion in reference to its pathology, the various degrees of prolapsus, and the variety of circumstances under which it occurs. And to a great extent, failures to relieve it depend upon a want of discrimination in making out the case and adapting the means.

The treatment is properly divided into the constitutional, local, and mechanical.

Of the constitutional treatment I do not propose to speak further than to say that it is important to relieve any disease under which the patient may be laboring by its appropriate remedies, as far as possible, and to restore the tone of the system. This is frequently exceedingly difficult, in consequence of the irritation arising from the displacement of the uterus produced by its nervous connections and extensive sympathies; and the debilitating leucorrhœa, which often attends it, sometimes as a cause and sometimes as a sequence. But generally an invigorating regimen and the use of tonics will be appropriate in the absence of inflammatory affections.

The local treatment must be pursued in connection with the general, and principally consists in astringent and tonic injections thrown into the vagina, bathing the vulva, &c.

The indications of mechanical treatment are to replace the uterus and retain it in its natural situation. These vary in the different degrees of displacement.

In the complete prolapsus the reduction is often difficult, and sometimes, in cases of long standing, impossible in consequence of adhesions. In incomplete it is effected with less difficulty. And in the partial generally very readily.

The operation is simply pressing the organ upward in the direction of the axis of the pelvis to its place.

The difficulty of filling the second indication is much greater, and has called forth the inventive genius of many physicians in devising apparatus.

Those in most general use are pessaries and abdominal supporters.

In complete prolapsus, after its reduction, the pessary properly applied, for a time at least, will be found the most successful. But it seldom effects a cure. The mode of its operation is such as to keep the vagina distended laterally and contracted longitudinally, and of course this will not serve to place the uterus in its proper situation, and strengthen the resistance to its descent into the vagina.

Pessaries are of various shapes and materials, of which I do not propose at length to speak, but will give my opinion in reference to the best, and the reasons for it. All those pessaries that depend upon their lodgment in the vagina,

simply, for the support they give the uterus, although they may afford temporary relief from the descent of the uterus will do as much if not more harm than good eventually. The reason is plain—They distend the vagina, or they will not remain in situ, and of course cause it and its attachments to become relaxed to a greater extent than before, and thus weaken the strongest and almost the only natural support to the uterus. But there is a class of pessaries, to some extent although not entirely free from this objection—I mean stem pessaries. They consist of a bulb resembling the ordinary pessary, to which is attached a stem that protrudes from the vulva and is supported by a perineal compress or T bandage. In this the pessary may be small so as not greatly to distend the vagina, while the stem supports it and the uterus resting upon it, which can be so regulated in its length and attachment to the bandage as to retain the the uterus in the position desired.

The greatest objections to this are its distension, to some extent of the vagina, its unpleasantness to the patient, and the difficulty of introducing it; the latter of which has been almost entirely removed by an ingenious contrivance of Dr. Saunders, of Monrovia, Morgan county, Indiana, which is as follows: He takes a small gum elastic pessary, has a metallic stem made with the lower end suitably arranged for attachment to the T bandage, the shank smooth and round, of the proper length, with the superior end bifurcated so as the branches pass off in opposite directions, and almost at right angles with the shank. These branches he inserts into the pessary within the perforation on opposite sides. The shank will then fold down upon either edge of the pessary, and it can be introduced edgewise in the ordinary manner. Dr. Saunders, whose judgment and intelligence render him every way qualified to judge, has had an extensive practice with this instrument, and speaks highly of its usefulness. Another equally good, if not a better instrument, consists of a tube of gum elastic, of about the size and length of the vagina, made thin, filled with air, and hermetically sealed. This may be readily introduced, or removed for the purpose of being cleansed (a matter of much importance in all pessaries). It is light, and the only thing disagreeable or incon-

venient about it is, that it requires to be kept in place by compress on the vulva, retained by a T bandage. By the use of either of these, the complete or extensive, may be converted into a case of partial prolapsus. To relieve which it is necessary that the vagina, its attachments, and the perinæum should be allowed to support the uterus, for, without exercise they become weaker instead of stronger.

In partial prolapsus, the pessary does more harm than good, as I have had repeated opportunities of witnessing.

The abdominal supporter, in a certain class of cases is all that could be desired.

When the prolapsus is partial and the lower part of the abdomen prominent, it will generally afford immediate relief.

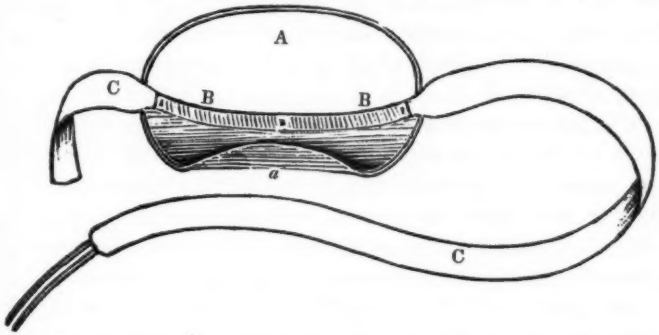
There are a host of different patterns for abdominal supporters—most of which have been patented by their inventors, and of the physicians, I may say disgracefully, for it tends to reduce them from the high stand they occupy in a liberal and scientific profession to the level of a mere handicraft or trade, to be pursued, not for the blessings it dispenses, but solely for the emoluments to be derived from it.

Many, no doubt unthoughtedly, have pursued this course; but they should remember the odium that attaches to the name of *Chamberlain*, who might have been ranked amongst the greatest benefactors, for the invention of the forceps had he not basely kept it secret, for the purpose of gain, until his name acquired a blot that neither the famed Letheon, nor even the waters of Lethe themselves, can ever wash away. There are, however, a few honorable exceptions, one of the best of which was invented by Wm. M. Charters, M. D., of Lebanon, Ohio. And as it answers all the purposes that can be derived from this class of instruments and possesses some advantages over all others, I most heartily recommend it to the profession. It is cheap and can be readily got up in any of our towns and villages in the country.

I had hoped, ere this, to have seen a full account of it from the pen of its accomplished inventor, given to the public. Shall we not yet hear from him?

The following cut will enable me to describe it so that physicians may understand it and have it manfactured.

DR. CHARTERS' ABDOMINAL SUPPORTER.



A *a* represents a plate made of tin, from six to seven inches long, to suit the patient. The object being to allow it as great a length as can be worn without reaching so near the superior anterior spinous process of the illeum on each side, as to cause irritation from pressure upon it. Its width is four inches. The edges being rounded as represented in the cut. The margin of the plate is wired to give it strength. The lower edge at *a* is turned up so as to project forward from a half to three fourths of an inch. At about two-thirds of the distance from the upper margin to the lower in the longitudinal centre of the plate, just above the margin that is rolled forward is a pivot, generally made of an ordinary stove-pipe rivet, and fastened there by passing the rivet through a small piece of tin and soldering it on with the head of the rivet resting against the plate. The end of the rivet should protrude one-third or half an inch. The plate is then swedged so as to give it a slight convexity at each end, on the back or side receiving the pivot. Thus prepared, it is covered with morocco, dressed buckskin, or velvet completely. The covering may be glued or pasted to the plate to make it fit smoothly.

B B represents a steel spring, six inches long, by one and a half inches wide, made thin enough to give, under moderate pressure; with a curvature, so that when the back or

convex surface is laid on the plate, its ends will be about an inch above it. In the centre of this is a round hole, just large enough to receive the pivot before described. The outer ends terminate with an oblong square ring, which may be made in the end of the spring, or by turning it over a wire ring of this shape, which receives the ends of the strap. The spring is placed on the pivot, which may be battered to prevent it from slipping off.

C C represents the strap attached to each end of the spring, with buckles at one end and straps to be received by them at the other. The strap may be made of morocco or other leather, or of gum elastic web, such as is used for suspenders. It should be two and a half inches wide, and of the proper length to reach around the hips of the patient.

The plate, with the spring thus attached, should be placed upon the regio-pubis, and the straps passed around the hips, and buckled so as to afford the required amount of pressure.

This will support the abdominal viscera, and by antagonising with the promontory of the sacrum, prevent to a great extent, the impulses otherwise given to their pressure down upon the uterus.

From what has already been said in reference to the mechanism of these parts, it will be seen to be particularly appropriate in cases where there is much tumefaction of the abdomen, from an increase in size of its contents.

This instrument has an advantage over all those that depend upon a spring passing around the hip, in that it can be worn in any position and more comfortably, it is more readily adapted to the patient, and can be regulated in the amount of pressure to suit any case.

It has an advantage over those that consist simply in pads and straps in that it makes greater pressure directly over the pubes, the point where it is required; and over all others in that it can be readily got up in any part of the country, in a short time, and at a moderate expense—say, from one dollar to two and a half, or more, according to the style.

I have been using this instrument for the last four or five years, and with the most satisfactory results, in almost all cases of partial prolapsus, whether it was the original condition of the case, or was that following an extensive dis-

placement partially relieved, as herein before mentioned. In some cases where I have tried it, it did not seem to answer well, in consequence of the prolapsus not depending upon the pressure of the abdominal viscera. Those cases will generally be marked by a flat abdomen.

I do not believe it or any other abdominal supporter will answer a good purpose, but may do harm, in those cases where the displacement is produced by an increased weight of the uterus itself, or from any tumor in the cavity of the pelvis.

The following case is selected from amongst others as one of the most satisfactory:

Mrs. S., a young lady recently married and of good constitution and general health, was affected with partial prolapsus. Upon making slight exertions or fatiguing herself, she was repeatedly thrown into paroxysms of hysteria, which, by the ordinary remedies and a few days' rest in the recumbent position would subside. These attacks were frequent during eighteen months, when I applied Dr. Charters' supporter, which gave the most perfect relief. Having occasion, some time after, to use the instrument she was wearing as a pattern for the workmen to make others by, she assured me that she was rendered miserable by its absence, but when replaced was entirely relieved.

There is a point in the management of prolapsus in child bearing women too generally over-looked or neglected by physicians—it is the favorable opportunity afforded at confinement for effecting a cure.

The great change effected in the condition of the parts by pregnancy, renders it a most favorable time while they are resuming their natural and quiescent condition, to restore them to that position and tone which will be a cure of the displacement. Such patients should be rigidly confined to the recumbent position while the abdomen is properly supported until the parts have regained their natural size and relation.

ARTICLE IV.

On the Use of Strychnine as a Remedy for Intermittent Fever, being the Substance of a Clinical Lecture delivered at the Chicago Hospital, May 1st, 1847. By DANIEL BRAINARD, M. D., Professor of Surgery in Rush Medical College.

Those who have been in attendance at the College Dispensary during the past winter, as well as those who are now following the visits of this establishment, must often have their patience wearied by the number of cases of old intermittents which present themselves, and which, in spite of the best directed treatment we have been enabled to give them, had relapsed, and returned from time to time for asstance. For ourselves, far from being wearied with this great number of cases, thought by many uninteresting, we have subjected them to the most careful examination in order to determine their causes and pathology, and have conducted a series of careful trials in order to determine the value of different remedial agents in their treatment.

In reference to the cause of intermittents, notwithstanding their extreme prevalence and the great number of observers who have directed their attention to it, it is as much involved in doubt as ever. The agency of "malaria" is doubted, and, as it appears to us, with great reason; for a number of these fevers are produced, and all of them may readily be reproduced, in situations where the agency of such a substance cannot be suspected. Nor have the other theories advanced to account for its production appeared more reasonable. The only circumstance which has seemed to us to be invariably present at its production, in every individual *in the first instance*, is an elevated temperature, whose degree we cannot, at this moment, specify with certainty, but which is probably about 80° of Fahrenheit's thermometer, and which requires to be continued for a certain length of time. But whether this acts directly upon the system or through the medium of some exhalation or miasm, we are ignorant.

In regard to its pathology, a careful observation of a great number of cases has led us to the following conclusions:

1st. The first link in the chain of morbid actions constituting periodical fever consists in a derangement of the digestive functions, indicated by furred tongue, loss of appetite, flatulence, deranged action of the bowels, &c.

2d. The languor, lassitude, sense of weariness and inactivity of all the faculties, considered by Smith and others as the first perceptible deviation from healthy action, is but secondary to the imperfect assimilation.

3d. Soon after the occurrence of the second class of symptoms there is a perceptible change in the blood, the fibrine being, as in all other fevers, diminished in quantity.

4th. These, with general derangement of all the secretions constitute as far as we have been able to observe the uniform symptoms of fever before the occurrence of a paroxysm.

5th. Persons thus affected may induce a paroxysm of intermittent fever by exercise, exposure to cold, mental action, eating indigestible substances, &c. Whatever acts with even a moderate degree of force in deranging the functions of the system is capable of inducing the paroxysm. In considering the treatment of these persons it is important to bear in mind that the state of debility and deranged actions of all the organs precede, in all cases, to some degree, the occurrence of chills and their sequelæ, and that when these latter are arrested, the same state which preceded them still persists, often in an increasing degree. So that it becomes necessary in speaking of the treatment to separate the means calculated to interrupt the paroxysms, from those capable of restoring the energies of the body, and preventing their recurrence.

This distinction has, it is true, been made by medical writers generally, but not to the same extent as among the people, where the "breaking the fits" and curing the disease are generally distinguished from each other.

In a considerable number of cases the same causes which induce the paroxysms in the first instance, will serve to arrest them. Thus sudden fright, a shower bath, terror, electrical shocks, the inhalation of ethereal vapor, intense mental application, &c., are capable of arresting the periodical accessions temporarily. There are a large number of medicines capable

of effecting the same object more certainly and for various periods of time. Emetics, cathartics, sudorifics, narcotics, stimulants, and tonics have been used. Specifics or febrifuge medicines, whose mode of action is unknown, are more frequently relied on. Under this head quinine, arsenic, salicine, piperine, prussiate of iron, and strychnine, are the most prominent. The sulphate of quinine is an article so safe and so uniformly efficacious, that if the arrest of the paroxysm were all that were required we should, in the greater number of cases, have occasion to seek for no other remedy. But unfortunately it generally exerts but little other influence over the system than of arresting them, and they return with great regularity usually in from seven to fourteen days. In proportion to the number of returns the quinine loses its influence, so that after taking it, as most of the patients who present themselves here have done, from ten to twenty-times, its effect is very slight; a large dose often failing entirely to check the disease. On this account, and from the inutility of wasting large quantities of the medicine, we have been obliged to search for other means as substitutes for it, in these cases. The arsenial solution has been tried in a considerable number of them, and it has been found to succeed in most instances where the quinine failed and is in general also more permanent. But sooner or later the disease returns after its use, and the state of debility upon which these old cases of ague attend, is not in any degree removed by its use.

The ordinary form of using the quinine has been, with us, to give it in doses of from five to ten grains repeated once or twice daily till ℈j or ℈jss has been administered. In using the arsenial solution one grain was used in sixteen doses during forty-eight hours, at equal intervals. Finding the cases to return regularly in spite of their use, we have sought other means. The trials of salicine made at the New Orleans Charity Hospital and elsewhere, show that nothing is to be expected of it in these cases, although it is worthy of a trial in other diseases. Piperine is still less useful, and does not, according to our observations, possess any advantages over pulverized capsicum, which frequently is a useful adjuvant to the quinine. The prussiate of iron has also been tried

either alone or in combination with quinine, but it is without efficiency in severe cases, and possesses no advantages over the quinine where it succeeds. It will be readily perceived, from this brief review of the principal means we are in the habit of using against agues, that there is an urgent necessity for researches directed with a view of finding a substitute for the quinine or some means to be used in aid of its action; and this necessity will appear the greater when we take into consideration the fact that nearly all the laboring population of this State have been affected by the ague and that, after a few returns, the larger number are unable to purchase the quinine in consequence of its high price. It is probable that the inhabitants of Illinois have, during the past year expended not less than from $100,000 to $200,000 for different ague medicines.

Profiting by the opportunity afforded in a public institution, we have determined to make trial of a medicine which has been often recommended but scarcely ever used in this country for the cure of intermittents: namely, the strychnine. Our attention, was directed to this substance from the manifest analogy between its effect and those of quinine, from the benefit which has been found to result from its use in chronic diarrhœa and debility of the digestive organs, and from the powerful tonic effect it is known to exercise over the whole system, but especially the nervous and muscular systems. The result has been most satisfactory. If it has not exhibited, in every case, the promptness of quinine in arresting the paroxysm, it has yet done so in four-fifths of them in which it has been used, while in the permanence of its action it has more than counterbalanced any defect in promptness. Indeed, it is highly probable that this apparent defect of action in some cases may be owing to the caution with which it was given, since, sometimes it was found to succeed in cases where quinine in full doses had failed.

The mode of administration is as follows: one-eighth of a grain is given thrice daily, after meals, in form of powder or pill until one grain is taken, mixed, in either case, with flour or starch. If pills are used, they should be recently made and not allowed to become dry and hard. There is an advantage in giving it after meals, as it then becomes

mixed with the contents of the stomach, and is less likely to produce unpleasant effects. Smaller doses were at first used without effect.

It is given in combination with cathartics when the bowels are costive, with diaphoretics when there is much reaction, and in general combined with the same medicines as the quinine.

Effects.—In much the larger number of cases the patient is not conscious of any sensible effect, except the arresting of the fever and a sensation of well-being that is usually experienced for two or three days after its use has been discontinued. In a smaller number of cases, the patients stated that it produced intoxication; and in a still smaller number, vertigo, with pain in the head and nausea were experienced. In order to illustrate its effects, we will relate a few cases where it operated favorably, choosing those which are best calculated to exhibit its powers under different circumstances.

Case I.—I. F., Æt. 40 years, had, in August, 1846, a severe remittent fever, from which he entirely recovered, except that there was some weakness remaing. When he attempted to work he was attacked with intermittent fever, and this continued to recur during the winter, being usually checked by quinine, of which one scruple would arrest it for from two to three weeks, but he was too unwell during the whole winter to do a day's work in one day. February 25th, he commenced taking strychnine one-eighth grain three times daily till one grain had been taken, and then the same quantity every third day for sixteen days. Since which time to the present, May 1, 1847, he has had no return of paroxysm, but has pursued a laborious occupation, and says he never felt better.

Case II.—I. S., a servant girl, had, in the month of July, 1846, an intermittent fever which has continued to recur for seven months, every two or three weeks being arrested by quinine and various patent preparations. March 1st, she commenced taking the strychnine, one-eighth grain thrice daily till one grain was taken. Since which time she has had no return of disease, but says she feels well in every respect.

It would be easy to multiply these cases, but they present

such similarities that it would be but a repetition of the same thing. I will therefore give you the result of its administration in the college dispensary up to the first of April, 1847, its use having been commenced about the 20th of February. I reject the cases treated in this hospital and in private practice since that date, as the time has as yet been too short to judge of its permanent influence in these cases. Up to the first of April, 1847, the strychnine was prescribed in the way described in case No. 2, in eighty-three cases.

Of these it had no influence over -	- 14 cases.
It arrested the paroxysms for one week in	- 3 cases.
For two weeks in - - -	- 6 cases.
It arrested it permanently, or till May 1st, in	- 60 cases.
Making the total of - -	- 83 cases.

The cases in which it is put down as permanently arrested are those in which there has as yet been no return. Of the above, two cases had taken the quinine without the smallest effect, but were relieved by the strychnine. Nearly all, and probably every one, had taken the quinine from time to time with only temporary relief. All were old cases in which there had been from two to twenty returns of the disease in the course of twelve months. The cases in which its effects were most favorable were those where there was no local inflammation or disease. Those where it was least useful were cases complicated with dropsy, chronic bronchitis, or phthisis; for this latter is, after all that has been said to the contrary, a very frequent effect of ague. When the chills occur in the evening it indicates a tendency to hectic and the medicine is then unsuccessful.

Dangerous and Inconvenient Effects of Strychnine.—In but three of the eighty-three cases above stated, were the symptoms of nausea and vertigo present. It is, however, obvious that so active a medicine cannot be entrusted to ignorant people without dangerous effects sometimes following its use. Thus, an individual who forgot to take his pill after breakfast, made up for it by taking two pills after dinner, and had as the effects of this dose (one-fourth grain) severe spasms in the legs. Another, thinking if one would do good more

would do better, took six pills at once, and his wife, who seemed to think it an excellent joke, said it cramped him "all in a heap." A third was asked by a physician what she was taking, when she showed him the powders. Taking it for quinine, probably, and forgetting the rules of medical ethics as well as the dictates of prudence, he called for a cup and gave her six at a dose. She was affected with severe cramps, which he mistook for hysteria and administered tinct. assafœtida. She recovered without other ill effects. These cases, while they show the necessity of caution, show also that it is less dangerous than is supposed by many. In order, however, to obviate the danger we have lately adopted the practice of combining gr. $\frac{1}{8}$ of it with gr. xx of starch, and gr. ij of pulv. ipecacuanha. From the bulk and nauseous taste there is little danger of a person taking more than one dose, and if several were swallowed at a time the effect would be to produce vomiting. In fact this dilution of the medicine reduces it to about the strength of quinine, for which it is usually mistaken by patients, and hence takes away the principal danger of its use.

From the facts and cases here stated we are justified in concluding that, in a very large number of cases of ancient agues attended with debility, and unaccompanied by local inflammation, the strychnia is very nearly equal to the quinia in arresting the paroxysms, and much superior to it in removing that state of debility and derangement of the secretions, which we have already stated to constitute the first and persisting pathological state of the disease. Considered merely in an economical point of view, its use would be a great gain, for one grain is found in the cases in which it succeeds to equal in efficiency from a scruple to a drachm of quinine. As a useful auxiliary and, in some cases, as a substitute for quinine, it seems to promise favorably, and we lay these observations before the profession in the hope that by further and various trials, the form and manner of its administration and the cases and circumstances in which it is useful will be accurately determined.

ARTICLE V.

Two Cases of Foreign Bodies in the Air Passages. By P. A. Allaire, M. D., *of Aurora, Illinois.*

In February, 1843, a little boy of mine, aged two years, was, about 2 o'clock, P. M., whilst eating a piece of cake, suddenly siezed with the usual symptoms of suffocation, which follow the introduction of a foreign body into the trachea. Being absent at the time, a neighbor took the child and thrust her fore-finger deeply into the pharynx, and pushed down, as she stated, the bit of food. The child immediately recovered and resumed its wonted playfulness. On my return, an hour after, I examined the air passages, but could not discover anything unusual. In the evening, about 8 o'clock, the child, while sleeping quietly, coughed slightly, and then was again attacked with apparent fatal suffocation. A physician being next door, was at once called in, who gave an emetic and applied hot cloths to the chest. I suggested opening the larynx, but from the history of the case he supposed it unnecessary. The child expired in about five minutes.

Post Mortem Examination. — Every part of the air tube looked natural except a small red spot immediately beneath the epiglottis, where was lodged a common white bean. In consequence of the contact of this body, I judged that spasmodic closure of the valve was the cause of death, for the bean did not more than half fill the passage. It doubtless had been raised from the bronchia by the cough which occurred a few minutes before.

Case II—*February 5th*, 1847.—Was called in haste to see a little boy, Æt. 14 months, who was said to be dying. I was in the house in a few moments, and found the little fellow very comfortable. The mother stated that while playing with some corn a short time before "he had got some down the wrong way and that it had nearly strangled him." I listened to the breathing, and could distinctly hear a clapper-like noise opposite to the upper end of the sternum—the respiration was quite easy. I left the child, and directed that

if the suffocation again came on, it should be held up by the feet and struck with the hand between the shoulders.

February 6th.—10 o'clock, P. M. Dr. Eastman in consultation. The child has had two attacks of suffocation since last night, and the act of respiration is rather quicker than natural, otherwise very comfortable—no sound now indicates the location of the foreign body, but the efforts made for its expulsion have not succeeded. Under these circumstances, it was decided that the tracheotomy was necessary. After some hesitation the friends consented. The child being very short-necked and fat, I had him secured by an assistant sitting in a chair, the nape of the neck and shoulders were laid on my left knee and the head thus thrown back and firmly held by another assistant. Sitting on the left of the patient, I commenced the incision at the sternum, carried it upwards over the centre of the trachea an inch and a half and carefully cut down to the tube, the child meanwhile screaming and struggling. I then fixed the trachea with a hook, opened it at the centre of the incision, and then introduced a probe-pointed bistoury by which the opening was extended upwards and downwards. After allowing the child a few minutes rest, search was made for the kernel of corn and continued, with short intervals, for an hour without success. The operation, though borne well, left the child somewhat exhausted, and it soon fell asleep. The wound was covered with adhesive straps, which were directed to be removed if suffocation came on. Respiration is carried on mainly through the natural passage, but a little air passes through the strips of dressing.

February 7th.—6 o'clock, P. M. The last twenty hours have been passed very comfortably. No cough, or suffocation; no symptoms of inflammation; wound looks well. Nothing done except to renew the dressing.

February 8th.—Afternoon. Dr. Hubbard in consultation. Symptoms of bronchial inflammation have come on during the day, and one fit of suffocation which lasted a few moments this morning. Dr. H. made another search for the foreign body, but was unsuccessful. Prescribed tart. ant. et potass., one eighth of a grain every hour, and poultice to the chest.

February 9th.—Bronchitis increased and patient sank at 4 o'clock, P. M.

Inspection three hours after Death.—The mucous membrane of the bronchia, from their bifurcation, presented increased redness, with slight effusions of mucus. In the right bronchial tube, about an inch from its origin, was found a kernel of corn, swollen and impacted in the part. The larynx and trachea were normal, except slight redness around the wound.

ARTICLE VI.

A Case of Acute Rheumatism—Metastasis to the Heart—Mal-Treatment—Death. By W. WADSWORTH, M. D., of Racine, Wisconsin Territory.

Mr. B. P., Æt. 32, who had pursued a laborious employment, that of brick-making, was attacked about three months since* by acute rheumatism, confined chiefly to the left shoulder and arm. While yet about the streets, his arm suspended in a sling, he stepped into the office of a Botanic German Physician, who professes extraordinary skill (by looking at the urine!!) in diagnosticating diseases as well as curing them. An examination of his case led to the remarkable discovery that his shoulder was out of joint. An attempt was immediately made to reduce it, which, from the inflamed and tender state of the member, was attended with extreme suffering, fully satisfying the patient of the difficulty, and inspiring no little respect for the the man whose far-reaching intellect had unravelled his complicated and, up to this time, unsuspected malady. Thus deceived at the outset, he more readily became his dupe and, as the sequel will unfortunately prove, his victim.

In the course of the disease, and, as nearly as can be ascertained, at an early period, there occurred a metastasis or translation of the inflammation to the heart. This alarming event, for which an energetic and well-timed treatment

* The case occurred March 20th, 1846.

is required, was wholly overlooked, and, what is worse, maltreated by stimulants and tonics, increasing the force of the circulation, confirming and riveting, as with fetters of iron, this dangerous but not obscure disease. The consequences of this practice were soon apparent, outraging pathological laws as well as therapeutic indications. For as the circulation was unduly augmented and raised above the natural standard, and urged on by the irritated, inflamed, and laboring heart, nature struggling to find some avenue through which to offer mitigation, permitted, or rather forced the blood to gush freely forth from the nose. A temporary calm was thus induced. But stimulants reapplied, the same results were again and again witnessed, till palor and exhaustion coming on, nature, in her unequal struggle, gave signs that all was lost! At this time, a medical man of some experience in these cases, by the urgent request of a friend, saw him, pointed out the disease and its probable consequences; but his opinion was wholly disregarded, so strongly were they entrenched by the loud and confident assurances, of their attendant, of a successful issue—a speedy and complete restoration; and these falsehoods, backed up and sustained by another charlatan who, in consultation with him, declared "that whatever might be the difficulty, nothing ailed the heart."

In the meantime the disease made rapid progress. The impulse of the heart was not only felt at each pulsation in the chest, but through the entire brain, accompanied by paroxysms of laborious breathing, intense anxiety, and unmitigated agony.

At this late period I, with my friend Dr. Smith, was called in. The history, and a careful examination of the case, clearly revealed that the curative indications had passed; that organic disease had seized on the citadel of life, and the resources of our noble art could alone mitigate urgent symptoms, and smooth the rugged pathway to the grave. He shortly expired.

A post mortem examination was obtained, and the entire faculty of the town was present. The body was considerably emaciated. The left side, over the region of the heart, was more prominent than the right. On opening the chest, adhe-

sions were extensively present in the left side. The pericardium was inflamed, containing six ounces of bloody serum. The endocardium, exhibited still more striking evidence of inflammatory action. Lymph was abundantly thrown out and found in and about the large vessels of the heart, the valves thickened, and other structures enlarged. The muscular structure of the organ in some portions blackened and nearly disorganized. A more marked case of morbid anatomy is rarely seen.

He who so long and stupidly treated this case, and had declared there was no disease of the heart, was also present at the examination. He was, however, opposed to the examination, and did what he could to arrest it, as he and his friends had assumed that the change which had taken place in his management a few days before death, was the cause of that unfortunate result. They were congratulating themselves on the old, but in this case mistaken, saying, "that the dead tell no tales." And why did he shrink from this investigation which was to reveal the truth and facts of a case with which he had been so long conversant, if he did not begin to suspect that his gross ignorance and stupidity would see the light? The light they did see; and while the morbid structure of the heart was pointed out to him, he stood amazed and confounded. He must have seen with what recklessness he had trifled with the high and dearest interests of humanity, and if he had any moral feeling left must have passed on himself a severe and terrible condemnation. Will this solemn opportunity be lost upon him? Most undoubtedly it will, for what can be hoped from one whose whole system is founded in duplicity and fraud. But let him not complain if the veil is occasionally drawn aside and its fearful consequences exposed to the world.

ARTICLE VII.

COLLEGE DISPENSARY.

Professor Fitch's Clinique.

[Reported for the Journal.]

January 13*th* 1847. Mr. —— presents himself this morning for treatment. We will examine his case. Æt. 35, has been sick since June last; pulse 110, small, and somewhat hard; has considerable thirst; very poor appetite; occasional nausea and vomiting. You perceive his tongue is loaded with a white crust in the centre, while the tip and edges are clear and red. Diarrhœa, with griping pains; sense of tightness and soreness across the abdomen, which is increased by eating and by exertion. His abdomen, you see, is very much tumefied; the tumor elastic, and apparently tympanitic. Has pain across the loins; pricking pains in various parts of the abdomen, and you can readily detect tenderness upon pressure over nearly every part of it. Abdominal pains increased at irregular intervals, without any assignable cause for such increase. A glance at the man shows you that the growth of other parts of his body has been apparently in an inverse ratio with that of his abdomen. His features are sharp and sallow; his extremities emaciated, and the skin upon them flabby. Passes but little and highly coloured urine; is able, and has been most of the time, to walk about and attend to light business, but feels "very weak," and is easily fatigued. I can discover no enlargement of either liver or spleen, though, if the general abdominal tumefaction was less, such enlargements might very probably be detected.

Our diagnosis here must be *Chronic Peritonitis.* We have in his present symptoms, no clue to the cause, though the disease probably had its origin in intermittent fever, of which the patient informs us he had repeated attacks in the autumn of 1845 and the succeeding winter.

The *chronic* occasionally follows *acute* inflammation of the same membrane. More usually, however, it is a primary

form of the disease, attended by the *acute*. Insidious in its commencement, and gradual in its progress, it has often so far advanced as to be incurable before its detection. This fact should make you rigid in your examination into cases presenting any of its symptoms; and you must by no means expect always to find them so well marked as in the case before you. The inflammation may, in its origin, be confined to a limited extent of the membrane; perhaps to that portion of it covering a viscus, as the liver or spleen, and probably accompanied with symptoms which only afford data for assumption, positive or negative, of a co-existent affection of the parenchymatous structure of the subjacent organ. When such affections exist, if it be other than functional, a greater feeling of resistance, fullness, and hardness to the touch, is ordinarily apparent than in the peritoneal inflammation. You will, it is true, find the same hardness, &c., present if the inflammation be of the glandular substance without implication of the covering membrane. But such cases are rare, and when they occur there is not the same degree of soreness—at least the soreness appears deeper seated, requiring greater pressure for its detection, and the pulse is neither so small or rapid. Although the origin of this form of peritoneal inflammation may be thus limited, it rarely remains so through its subsequent stages. On the contrary, if undisturbed and unchecked by appropriate treatment, it continues spreading until it proves fatal by its extent, by some of its terminations, or by interruption or perversion of function which it produces in parts with which it is in immediate relation.

In scrofulous habits, especially in children, you will frequently find that formidable group of symptoms denominated *marasmus*, indicative of an affection of the mesenteric glands, supervening upon this inflammation. The result occasionally attains in the adult. I have seen the intestinal convolutions firmly adherent, so matted together, as to be imperceptible until separated by the knife.

For what disease could the case before us be mistaken? Perhaps most easily for ascites, and the more especially as effusion of serum into the cavity of the abdomen is a frequent consequence of this form of peritonitis. The febrile

symptoms found here are common to both, as is the enlargement of the abdomen. In the former, however, you will detect a change of the most prominent part of the enlargement from side to side with the patient's change of position, and fluctuation is distinguishable upon percussion. Here the enlargement is uniform in every position; there is no fluctuation, but the elastic feel and semi-sonorousness of tympanitis. Œdema of the lower extremities is usually present with the former, rarely so with the latter. It might be supposed that diagnosticating the two conditions could not be a matter of very great moment from the fact already mentioned, viz.: ascites being a frequent result of the inflammation. Such a supposition, if practically acted upon would be attended with mischievous consequences. An alterative treatment may be required for ascites, or the removal of its cause. This treatment is the most efficacious for peritoneal inflammation. So far as its adoption is concerned then both cases would be benefitted. We, however, frequently endeavor to remove effused serum, to promote its absorption, and thus relieve the patient of the urgent symptoms dependent upon its quantity, by the administration of hydragogue cathartics. Such treatment would greatly aggravate peritonitis, if it did not ensure a fatal termination; therefore, when we resort to it for removal of serous effusion, consequent upon this disease, we treat for a symptom at the expense of an aggravation of its cause, and can only justify ourselves for so doing by the urgency of the case, and by immediately following it with the adoption of an appropriate radical treatment. Mistaking the case before us for hepatitis, splenitis, or for inflammation of the stomach or intestines, from the tenderness and pain in their respective regions, would be a far less grave error. The parenchyma of the liver or spleen, or the mucous or muscular tissue of the stomach or intestines, may have been the primary seat of the inflammation, but the symptoms now present could not have ensued without its extension to the peritoneum. The treatment anterior and subsequent to such extension would be so nearly identical as to leave but little specially applicable to disease of one or the other tissue. The scant and highly colored urine, with the persistent severe pain across the

loins by first fixing the attention of a careless or inattentive observer, might lead to a mistake of the case for one of renal disease. Such mistake could the more readily be made, as the stomach almost uniformly sympathises with diseased kidneys, as shown by the nausea and vomiting; and still farther to increase the liability to such mistake, we find nephralgia often accompanied with an acutely severe pain of the abdomen, midway between the ileum and umbilicus and greatly increased by pressure. If nephralgia was the supposed disease, cathartics and opium would be resorted to, and to an extent which could not fail to be injurious here. If nephritis was imagined to exist, as the treatment would be antiphlogistic, it may be thought the error would not be so important. If you reflect, however, a moment upon the remedies withheld in nephritis, you will perceive that many of them are among the most important in the case before us, as blisters, saline laxatives, and terebinthinates.

A blister will be directed to the patient's epigastrium, to be dressed with ung. hydrarg.; free pustulation with tart. emetic ointment, to be induced over the rest of his abdomen. A powder of—

℞.—Proto-chloride Hydrarg., gr. iij;
Nitrate Potass., gr. v;
Pulv. Doveri, gr. vi;

to be taken twice daily until the next report.

February 4th.—You will probably recognise Mr. —— as the case of chronic peritonitas before you on the 13th Jan. This is the third report. He has, for two weeks past, been kept mildly but decidedly under mercurial influence. He now tells you his appetite is good, thirst gone, as are the pains and tenderness of the abdomen with which he was formerly tormented. Free pustulation has been kept up over the abdomen, the enlargement of which has mostly disappeared. Pulse 90 and soft. His diarrhœa has been checked, but his bowels yet evince some tendency to laxness. He will now be directed to discontinue the counter irritant, and dress the pustules with simple cerate. The mercurial he was told to discontinue a week since. Bals. copaiva m 20 twice daily will be sufficient to control the

remaining evidences of diarrhœa, and perfect the cure. With this he will accordingly be discharged.

ARTICLE VIII.

Letter in Reference to the use of Sulphuric Ether, &c. From G. W. Clippinger, M. D., of Terre Haute, Indiana.

Professor Evans:

Dear Sir:—Soon after my return, an opportunity presented for an experiment with the sulph. ether. Having failed to procure the rectified, I used the ordinary article of the shops; supposing the only difference in the two articles would be, in the latter requiring a longer period for its effects to be experienced. In this particular there was no disappointment. After inhaling the ether some five minutes, a sensation of numbness was complained of, which, in the course of a few minutes more, was succeeded by a state of complete insensibility. This condition continued five minutes, during which time no perceptible change in the pulse was detected; the respiration was easy and natural, the subject exhibiting the appearance of a person in a profound sleep. No evidence of pain from the prick of a lancet or pinching could be noticed. The arm, when elevated, would drop the instant let go; the mouth opened, would remain so until closed; the pupil of the eye remained unaltered—was neither dilated nor contracted. At the expiration of five minutes, this state of insensibility was succeeded by that of delirious excitement. The subject of experiment having combativeness well developed, you can readily guess he kept me employed for some minutes—perhaps fifteen—during which time he was thrown upon the bed, and held until the effects entirely passed off, leaving a sense of depression with some headache. I have exhibited the same preparation of sulph. ether in two cases since; in both the effects were similar to those described, excepting the length of time the subsequent excite-

ment lasted — which, in one of the last two experiments continued an hour and a half. Dr. Hitchcock was present during one of the experiments, and although desirous of obtaining the first effect of the ether in an operation he wishes to perform, he declines doing so on account of the fears entertained of the latter. In your experiments, has the subsequent excitement been present to an unpleasant degree? Or have you ever used the ordinary sulph. ether of the shops in an experiment? If a convenient opportunity presents, please send me some of the preparation of ether used by yourself; as I am desirous to test its effects to my entire satisfaction.

A Somewhat Novel Case came under my observation some two weeks since. The patient was a widower, aged about forty. He addressed me as I was walking by, and said he believed he had made an eunuch of himself. He was requested to return home, where I shortly after saw him, and to my surprise, after undoing various old cloths from about the scrotum, one testicle hung suspended by the cord on its anterior and inferior surface, entirely exposed, covered with dirt, considerably tumefied, and very tender. After removing as much of the dirt as was practicable, with much difficulty the testicle was returned, and the wound closed by aid of sutures and adhesive plaster. Notwithstanding the testicle had been thus exposed two hours, suspended by the cord, covered by dirt, somewhat tumefied, and the patient having walked a mile with it in that condition, the wound was entirely cicatrized in three days, and the patient resumed his employment. The patient could give no satisfactory account of how the wound had been received, and only said it was done with a razor.

May 5th, 1847.

[I have given the ether in a great number of cases, but have, fortunately, not met with a single instance in which the excitement was manifested during the subsidence of its narcotic effects. Several cases of the kind have been reported, but they are quite few in comparison to the great number in which no such effects have followed. I have used the rectified generally; but once got an article that was so diluted as to be of no use.

The ether should be rectified, to remove impurities that might have a deleterious influence; but I know of no impurity that would cause it to have the effect above referred to. E.]

ARTICLE IX.

A Request.

Messrs. Editors:—I wish to ask Dr. Henry, of Pekin, for a "Philosophical Theory" which shall sustain his practice of using opium in "fevers and inflammations." He has promised it if asked for through the Journal. It would add to the interest of the reply if a few cases were given of disease thus treated in which the effects of such doses were accurately noted.

A SUBSCRIBER.

PART II.—REVIEWS.

ARTICLE X.

Lectures on Subjects connected with Clinical Medicine, comprising Diseases of the Heart. By P. M. LATHAM, M. D., Fellow of the Royal College of Physicians, Physician Extraordinary to the Queen, and late Physician to St. Bartholomew's Hospital. Philad.: Ed. Barrington and Geo. D. Haswell. 1847. Being the October No., 1846, of the Select Medical Library. 8vo. pp. 365.

This work comprises thirty-eight lectures, and is replete with correct observation, clear illustrations of the pathology, and sound advice in reference to the treatment of the diseases of the heart.

That the object and plan of the work may be understood, we make the following extract from the author's preface:

"Mine is a limited purpose. It is to regard the diseases of the heart only in one point of view, *i. e.* as they appear in the living man. But this one point of view includes the several objects of their clinical diagnosis, and their medical treatment. These are what I seek especially to illustrate, while I presume an acquaintance with other parts of the subject, and shall only allude to them incidentally as I go along.

"The other parts of the subject, indeed, include no less than all that belongs to the morbid anatomy of the heart, the productions and processes which variously alter, or injure or destroy its organic structure. These are the very things of which clinical observation seeks to know the living signs, and the living history, and the treatment, both curative and palliative. But these, it is no part of clinical instruction formally to explain; yet, unless there be some previous knowledge of them, clinical experience cannot safely proceed; and unless that knowledge be kept up and improved concurrently with it, clinical experience can never go on to perfection.

"The clinical diagnosis of diseases of the heart owes all the higher degrees of certainty to which it has been carried in our own times, entirely to auscultatory signs. Accordingly it became necessary for me to give some account of their theory and their uses, and I have desired to do it as

simply as possible. Their perfect theory, however, lies deeper than our present knowledge, and all the uses of which they are capable must wait to be developed by more and more multiplied observations of the sick.

"But already there is some true light in which these signs may be regarded; and already there is a large extent to which they may be followed and trusted as the faithful exponents of diseases of the heart. And although on this subject doubtless there has been error and mistake, and a good deal has been taken for more certain, and something for less certain, than it really is, so that we have both to learn and to unlearn; yet enough is already known to make the diagnosis of diseases of the heart hardly anything else than a just appreciation of their auscultatory signs.

"After I have described the auscultatory signs, and endeavored to show what they are, both in themselves and in relation to other symptoms, and what is their value as guides both to diagnosis and treatment, I may perhaps seem unreasonably to cut short the further description of the heart's diseases.

"But as I lectured, so now I write, for one class of students especially. As my hearers were, so now I presume my readers will be, chiefly those who are seeking information at the bed-side. To such there is no greater impediment of knowledge than over-teaching. The teaching which they most require is suggestive. They have the realities themselves to learn from, the original *book* to read, upon which all sound instruction is but a commentary. Therefore, the commentator should only interpose when and where he is needed, and not, after the manner of certain critics, who most *help* us with their annotations where the sense of the author is clear beyond dispute."

Lecture first treats of "the natural sounds, impulses, and resonances of the heart.—How their variations of degree and extent become evidences of the heart's disease or unsoundness."

That we may be able to enter upon a consideration of the subject understandingly, we make the following extracts from this lecture:

"Now it is evident that our inquiry must begin with the natural and healthy sounds and impulses of the heart. These are the standard of comparison, by which alone we can judge of the unnatural and morbid.

"First, then, of its sounds. And here, for the sake of avoiding confusion, let me just remark the distinction be-

tween the sounds which reach the ear simply by listening, and those which reach it by help of percussion. Though the ear judges of both, yet are they totally different in the modes of their production. *We* produce the latter, and the ear is made perceptive of them only by our knocking. The heart contributes nothing but as an inert mass; and what it contributes *as such* is found equally in the dead and in the living. It is the sounds which the heart brings out of itself, by its own vital movements, that I wish now to consider. The sounds which we bring out of the heart by our percussion I will consider hereafter: for they too carry with them notices of health and of disease, which are neither few nor unimportant.

"The sounds which naturally accompany the movements of the healthy heart, can only be learnt by the practice of listening to them. It is useless to describe them. They are simple perceptions of sense, which no words can make plainer than they are when the ear has once become familiar with them. It is the same with all common sounds. By describing them you seek to make them known in a different way from that in which they are naturally known. Who ever thought of describing the sound of the wind or the rain except for poetical purposes? I must leave you then to be your own self-instructors in the healthy sounds of the heart, and recommend you to be constantly practising auscultation for the purpose on healthy subjects.

"But, besides the fact, that sounds of a certain kind accompany the actions of the heart, which each man must listen for and so learn for himself, there is the theory of the fact, or the explanation how these sounds arise. This surely cannot be learnt by merely listening. The fact that it rains or blows, we may take upon ourselves to decide without the philosophers, because we hear it. But, if we would know how it comes to do either one or the other, if we would understand the theory of winds and showers, we must inquire a little further, and betake ourselves for instruction to those who have examined into such matters.

"In listening at the præcordial region, the ear at once perceives two sounds proceeding from the heart—the one duller and more prolonged, the other clearer and shorter; the one coinciding with the systole of the ventricles and the pulsations of the arteries, the other coinciding with the diastole of the ventricles and the rest of the arteries. Hence it appears that for one pulsation of the arteries there are two sounds of the heart.

"But between the two sounds of the heart there is hardly an appreciable interval. The duller sound, which goes for the first, seems to end with a snap, which goes for the

second; and then succeeds an interval of repose, which is appreciable enough, before the duller sound returns.

"The time thus occupied by the sounds of the heart in their succession and their pause, has been divided and accounted for after this manner:—one half is filled up by the first sound, one quarter by the second, and one quarter by the pause."

These observations show how important it is to practice auscultation before anything can be relied upon in reference to the sounds of the heart by the pathologist.

After speaking of the sounds, resonances, and impulses of the heart in health, the author briefly states the variations from them in disease as follows:

"A clearer sound proceeds from a thin heart, and a duller sound from a thick heart; a sound of greater extent from a large heart, and a sound of less extent from a small heart. A more forcible impulse is given by a thick heart, and a feebler impulse by a thin one; the impulse is conveyed to a longer distance from a large heart, and to a shorter distance from a small heart.

"All this is surely plain enough, and it is undeniably true. Nevertheless, from its sounds *taken alone* and from its impulse *taken alone* we could come to few trustworthy conclusions respecting the structural condition of the heart. And why? Because its sounds and its impulses are capable of being augmented or lessened, both in degree and in extent, by causes extrinsic to the heart. This has been expressly stated already: and these extrinsic causes have oftentimes a power over its sounds and impulses as great as any which the heart itself derives from diseases of its own. This will be abundantly shown hereafter.

"But, happily, sounds and impulses are the interpreters of each other. The true meaning of the sound is tested by the impulse, and the true meaning of the impulse is tested by the sound.

"Thus, from a clearer sound, we argue only the probability of an attenuated heart; but we argue its certainty from a clearer sound joined with a weaker impulse. From a stronger impulse we argue only the probability of an hypertrophied heart; but we argue its certainty from a stronger impulse joined with a diminished sound.

"When impulse and sound increase together, there is probably no hypertrophy, but the heart is only acting more forcibly from pure excess of nervous energy. When impulse and sound decrease together, there is probably no atrophy.

but the heart is only acting more feebly from pure defect of nervous energy.

"When the sounds and the impulse of the heart are both perceived beyond the præcordial region, they give notice, (generally speaking,) of dilatation of one or other of the ventricles. If, under these circumstances, sound predominate over impulse, then, with dilatation, there is either attenuation, or somewhat less than a proportionate increase of its muscular substance. If impulse predominate over sound, with dilatation there is either hypertrophy or somewhat more than a proportionate increase of its muscular substance."

Lecture second treats of *murmurs*, which are of equal importance with any of the symptoms emanating from the heart, as pathognomonic of its diseased conditions. All the unnatural sounds are termed murmurs; and are divided into the endocardial and exocardial:

"The endocardial murmur is not only different in kind from the natural sounds of the heart, but it takes their place and is heard in their stead. It comes exactly where the first sound, or where the second, or where both sounds should be. It keeps strict time with the systole or with the diastole of the heart, or with both.

"The exocardial murmur, too, is different in kind from the natural sounds of the heart. But it does not take the place of them. It is not heard in their stead. In proportion as it is louder, it obscures or overpowers the natural sounds. But the natural sounds are still apt to reach the ear through the exocardial murmur; and, when they do not reach the ear, it is because they are imperceptible under the circumstances, not because they cease to exist.

"It would be time and trouble thrown away to dwell long upon these endocardial and exocardial murmurs, with a view of describing what they are in themselves, and in contrast with each other. For after all every man must learn them for himself by the teaching of his own ear. Touching, however, our mere perception of them as sounds, there are a few circumstances interesting enough to mention which may chance to help the ear to a readier acquaintance with them.

"Whenever we hear any unusual sound either for the sake, of conveying our notion of what it is to another, or often, for the sake of being sure that we have a right notion of it ourselves, we are to set about imitating it. Now, any man hearing the endocardial murmur for the first time, as it occurs in the great majority of cases, would be almost sure to try

and imitate with his *mouth*, and, what with whistling and blowing, he would presently hit upon something so very like it, as to make him pleased with his own cleverness. But hearing the exocardial murmur, such as it is in the majority of cases, for the first time, he would never think of imitating it with his mouth; he would rub his hands together or the cuffs of his coat, or take up any two things within his reach —two pieces of thick paper, perhaps—and rub them together and, what with brushing, and rustling, and crumpling, he would presently bring out a very near counterfeit of the exocardial murmur.

"But these murmurs are to be caught quickly and distinguished surely, and turned to a ready use, only by practice. Yet it gives a previous confidence in the reality of a distinction between them, to know that the endocardial murmur conveys to all ears the idea of blowing, and the exocardial murmur the idea of two bodies moving in contact with each other.

"It may be further stated among their general characteristics, that the endocardial murmur is most frequently a single sound, being coincident either with the systole or diastole of the heart; yet that sometimes it is a double sound, being coincident with both; but that the exocardial murmur is rarely less than a double sound. Moreover, that the endocardial murmur is commonly more inward and deeper, and further from the ear, and the exocardial murmur more outward and nearer to the surface, and closer to the ear."

In reference to distinguishing the valves of the heart that are diseased, by the position and direction of the endocardial murmur, he says:

* * * "The first fact is, that endocardial murmurs are most plainly audible at that part of the præcordial region which is nearest to the orifice from which they proceed. The second fact is, that endocardial murmurs are conveyed sometimes in one direction and sometimes in another, and that the orifice from which they proceed determines in each particular case what the direction shall be.

"Of these two general facts, I am more sure of the second than of the first, and have better proofs of its practical use. But we will briefly consider them both.

"A line drawn from the inferior margins of the third ribs across the sternum, passes through the pulmonic valves a little to the left of the mesial line and those of the aorta lie behind them, but about a half an inch lower down.'*

* Hope on Diseases of the Heart, p. 3.

"'A horizontal line drawn through (along?) the under edge of the sterno-costal articulations of the fourth ribs will cut across nearly the middle of the length of the mitral valve, when drawn outwards and downwards by its tendinous chords and columnæ carnaæ, and pass about two or three lines above that portion of the tricuspid which most nearly approaches it, the latter valve lying underneath the sternum, and the former immediately to its left.'*

"So much of the sternum as these lines include to the left of the mesial line, and the space they indicate between the lower margin of the third and the lower margin of the fourth sterno-costal cartilages on the left side, may be taken to mark that portion of the præcordial region, behind which lie all the orifices of the heart, and a good share of the valvular structures appertaining to them. Now, inasmuch as the several orifices are found at the basis of their respective valves, the pulmonary and aortic orifices must be lower than the first horizontal line, and the tricuspid and mitral orifices must be higher than the second. How nearly, then, must they all approach one another in the mid-space between them both! So nearly that the mouth of an ordinary-sized stethoscope would surely cover them all within the circle of an inch and a half or less. Whichever orifice of the heart be affected, we are sure to find the endocardial murmur here or hereabout. And listening here and here only, we cannot segregate the murmur of one orifice from that of another. What then, if 'endocardial murmurs *are* most plainly audible in that part of the præcordial region which is nearest to the orifice from which they proceed!' This general fact, taken alone, cannot help us much in determinng which of them is affected in a particular case, when they all lie clustered together at the same, or nearly at the same, part of the præcordial region.

"But suppose we raise our ear or the stethoscope from this exact spot, and shift it an inch or two higner or an inch or two lower. Higher we may hear the endocardial murmur still, and lower we may lose it altogether. Or higher we may lose it altogether, and lower we may hear it still. Or both higher and lower we may still distinctly hear it. By this procedure we are following the endocardial murmur in the direction it takes after it leaves the orifice from which it is propagated, and we find how various the direction is, upwards in one case, downwards in another, and both upwards and downwards in a third. But still it is the orifice from which it is propagated, that gives the murmur its particular direction; and this, it is said, may be taken for a general fact."

* Joy, in Library of Medicine, vol. iii., p. 252, in a note.

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"Among the conditions which may possibly intervene to turn endocardial murmurs from the direction in which the disease of particular valves would tend to convey them, the following may be mentioned:—

"1st. The presence within the chest, and exterior to the heart, of substances having a more solid consistence than its natural contents, such as morbid growths of various kinds, or aneurismal tumors, or condensed portions of lung. These are able to conduct the abnormal murmurs, no less than the natural sounds of the heart, to a greater distance, and in any direction, according to the place they occupy.

"2dly. The enlarged capacity of the heart itself, which is the most frequent consequence and concomitant of its diseased valves. The large dilated heart spreads its sounds abroad laterally. And thus, whether the murmur be traced in the course of the aorta, or not at all above the basis of the heart, it is often as loudly audible from mamma to mamma, and everywhere below the fourth ribs, as in the præcordial region itself; and often even far round towards the left axilla.

"3dly. The mere loudness of the endocardial murmur. The abnormal murmurs, as well as the natural sounds of the heart, are heard to a greater distance in proportion to their mere loudness, and that not only in the directions to which the current of the blood conducts them, but in all directions."

The subject is continued in lecture third, and the circumstances liable to interfere with or obscure the endocardial murmurs, as deformed chest, external pressure, murmur of respiration, especially in diseased conditions of the lungs, and from impoverished blood, are discussed.

The exocardial murmurs depend upon the friction between the surfaces of the heart and the pericardium when deprived of their natural smoothness by depositions from diseased action.

Lectures five, six, seven and eight, treat of inflammations of the heart under the heads of endocarditis and pericarditis:

"Endocarditis is at present chiefly known as a concomitant of acute rheumatism.

"In the year 1826 I was the first to teach the students of this hospital the fact that whenever the heart was affected in acute rheumatism, a sound different from the sound of health always accompanied its contraction. This was then a new fact, and one of immense importance; and all suc-

ceeding observation has gone to confirm its truth. This sound, in the vast majority of instances, was the bellows murmur. But in some, instead of the bellows murmur, it was some strange sound difficult to describe; and in others this strange indescribable sound and the bellows murmur seemed to occur together: there was a mixture of both.

"My notion *then* was, that all these sounds arose in some way or other out of inflammation of the pericardium; and taking them all severally and in combination, as the signs of pericarditis, I was amazed to find how far the frequency of its occurrence in acute rheumatism exceeded the common calculation and belief.

"In process of time I found, upon a comparison of cases, that where, in acute rheumatism, the bellows murmur occurred *alone*, the affection of the heart was upon the whole far less severe and far less perilous to life, than where some other unnatural sound occurred alone or in combination with it. I observed, too, that in some cases where the bellows murmur was unequivocal, the patient betrayed no uneasiness, no palpitation, in short, no other symptom which could give the least suspicion of a diseased heart; yet that in the great majority of instances where it once existed it remained permanent as long as the patient continued under my care and observation.

"At length I began to doubt whether the bellows murmur arising in the course of acute rheumatism was really derived from the pericardium, and to suspect that it proceeded from the internal lining. But for years the practice of this great hospital did not afford me a single opportunity of resolving my doubt, or of confirming my conjecture. For of that disease of the heart, which, coming on during acute rheumatism, is characterised by the bellows murmur, no patient of mine ever died, and I could learn nothing about it from dissection. But what my own experience would not furnish, M. Bouillaud's has supplied. Many have died during the active progress of this disease under his care, and dissection has found it to be inflammation of the endocardium. Thus we are indebted to M. Bouillaud for our first knowledge of this important fact.

"Nearly about the same time Dr. Watson and Dr. Stokes, of Dublin, further illustrated this important subject by separating *those other* sounds of the heart, which I have mentioned, to occur in acute rheumatism, from the bellows murmur, and analysing them apart. These they found to possess the character of attrition, as if produced by surfaces moving to and fro upon each other, and traced them home to their local origin in the pericardium, and showed the condition of their production to be a defective lubricity, or a ruggedness and

unevenness of that membrane, such as would result from inflammation. In short, they showed these to be the proper signs of pericarditis, as the bellows murmur is of endocarditis; that when in acute rheumatism either occur alone (as it often does), the disease is simple pericarditis or simple endocarditis; and that when in acute rheumatism both occur together (as they often do), there is a mixture of the two diseases in the same subject.

"The bellows murmur coming on in the course of acute rheumatism is a sure sign of inflammation of the endocardium. Here, then, we will drop this exceedingly vulgar name, and call it "endocardial" again. But observe, it is the general character of the morbid actions predominant in the system at large which determines the particular character of the local disease out of which the endocardial murmur arises. *They* are inflammatory, and *it* is inflammation.

"In endocarditis, besides the endocardial murmur, there may be other symptoms present, directly referrible to the heart or there may not. There may or may not be pain. There may or may not be an excessive impulse, or an intermittent, irregular, or fluttering action of the heart. But the fact of endocarditis is not rendered more or less certain by their presence or absence.

"There may be doth pain and palpitation; yet endocarditis cannot be surely inferred to exist, unless there be the endocardial murmur withal.* There may be neither pain nor palpitation, yet endocarditis cannot be inferred to exist, if the endocardial murmur alone be present.

"Seeing, then, that the endocardial murmural one can determine the existence of endocarditis, you are required to search after it in every case of acute rheumatism. I say emphatically to *search after it*, because it is one of those signs which must always be sought before it can be found. It does not intrude itself upon our notice like palpitation or an irregular pulse. The patient does not draw our attention to it as he does to pain. The physician must make it out entirely for himself. And, indeed, it is infinitely important that he should have the earliest possible notice of it, with a view to the earliest possible application of the remedy.

"Never omit, therefore, to listen to the præcordial region whenever you visit a case of acute rheumatism, and visit a case of acute rheumatism oftener perhaps than you otherwise would do merely for the sake of listening. All may seem to be going on well. The general symptoms may be far from severe. The chest may be free from pain. The

* I do not say that it would not be fairly suspected, and that it would not be right to act as decidedly upon the suspicion in such a case as upon the matter of fact. It certainly would.

heart's action may not awaken suspicion by its force or irregularity. Nevertheless, its internal lining may be inflamed, and if you listen, the endocardial murmur may convey the momentous fact directly to your ear."

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"Now in pericarditis there are the fluid products of inflammation as well as the solid. There is serum as well as lymph. And the signs of fluid effused within the pleura and the pericardium are the same. The fact of its existence, and the measure of its accumulation within the pericardium can only be known by the degree and extent to which the præcordial region, and perhaps some space beyond it, may be dull to percussion. Thus, in pericarditis, dulness sometimes, occupies a part and sometimes the whole of the præcordial region; as high as the second, and even the first left rib; sometimes it extends beneath the whole length of the sternum, except about an inch at the top, and even beneath the cartilage of the ribs on the right side.

"Surely, then, this dulness to percussion is a most important sign, and hardly inferior to, and hardly less diagnostic of, the pathological conditions to which it points, than the exocardial murmur itself.

"But do these two, viz., the murmur and the dulness, bear the same relation to each other as signs of disease within the pericardium, as they have been seen to bear as signs of disease within the pleura? In pleurisy the attrition-sound and the dulness are never coincident, but are always found to supersede each other, one ceasing as soon as the other arises. Is this the case in pericarditis? My own experience would answer almost absolutely 'No!' As soon as I have discovered the exocardial murmur at any part of the præcordial region, so soon have I almost always found dulness to percussion. And, to whatever extent the dulness to percussion has spread beyond the præcordial region, the murmur has accompanied it, even as high as the first left rib, and beneath the sternum, and far beyond it, even to the juncture of the cartilages with the right ribs. Further, I have known dulness of the præcordial region to be the *first* sign, and to subsist several days alone, and yet the attrition sound has been superadded to it, when they have thenceforth continued together. In pericarditis, then, this I take to be the general truth, namely, that the murmur, which is produced by lymph deposited upon the surfaces of the membrane, is neither abated, nor abolished, nor otherwise altered in its character by the serum effused within its cavity. It is not, however, the *universal* truth."

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"But of all symptoms, mere pain is the most inconstant

and uncertain, whatever be the disease. It is so in pericarditis. It is present in one case and absent in another, strangely and unaccountably. I have known much pain, when the disease has been of little severity, of short duration and of easy cure: and I have known the severest pericarditis pass through all its stages without pain. All other symptoms have been present to mark its reality and its progress: the murmur and the præcordial dulness; and the fluttering heart, and the respiratory anguish. And sometimes the patient has died, and sometimes he has escaped by a tardy and precarious convalescence. But from first to last there has absolutely been no pain.

"Do not be surprised at this. Pleurisy may exist without pain; even acute, rapid, pus-effusing peritonitis. And so too, if in pericarditis there is sometimes no pain, it fortunately happens that there are other signs by which we can fix our diagnosis of the disease equally well without it.

"See what a strange, unequal and uncertain light pain is found to throw upon diagnosis and treatment! We find it where we do not look for it, and look for it where we do not find it. Its presence is no sure proof, its absence is no sure negation of disease.

"But still pain is a most important symptom. Where there is pain, we should always think of disease, always search after disease, and always require strong circumstances to convince us that disease does not exist. Where there is no pain in a part suspected of disease, we should never on that account conclude it to be healthy, and never be content until we find other circumstances to convince us that it is really so."

Lecture eight is devoted to statistical accounts of the frequency of disease of the heart in acute rheumatism, and of the results of treatment, &c., in St. Bartholomew's Hospital.

"Between the years 1836 and 1840, both inclusive, there occurred under my care at St. Bartholomew's Hospital 136 cases of acute rheumatism.

"Of these 136 patients, 75 were males and 61 were females; of the 75 males the heart was affected in 47, and unaffected in 28.

"Of the 47, the seat of disease was the endocardium alone in 30; the pericardium alone in 3; and both the endocardium and pericardium in 7. And, while the heart was undoubtedly affected in seven others, the exact seat of its disease was uncertain.

"Of the whole number of males in whom the heart was thus variously affected, 3 died. And in these 3, the pericardium and the endocardium were both inflamed.

"Of the 61 females, the heart was affected in 43, and unaffected in 18.

"Of the 43, the seat of disease was the endocardium alone in 33; the pericardium alone in 4; and both endocardium and pericardium in 4; and the exact seat of the cardial disease was doubtful in 2.

"Of the whole number of females in whom the heart was thus variously affected, none died.

"The account of males and females, taken together, will stand thus:—

Cases of acute rheumatism - -	136	
Heart exempt in - - - -		46
Heart affected in - - - -		90
Seat of disease in the heart—		
Endocardium alone in - - -		63
Pericardium alone in - - -		7
Endocardium and pericardium in -		11
Doubtful in - - - - -		9
Deaths - - - - - -		3;

in all of whom both endocardium and pericardium were affected.

"Here are momentous facts, which go, I suspect, a good deal beyond the ordinary notions entertained by medical men of this matter. It is believed that among the sufferers of acute rheumatism, an individual now and then unluckily has his heart inflamed. The thing is looked upon as an accident which, if not very rare, yet is not very common. But it appears, from the event, not of a dozen or twenty cases merely, but of a number large enough to furnish the measure of what naturally belongs to the disease, that as many as two-thirds of those who have acute rheumatism also suffer inflammation of the heart."

Our limits will not allow us to make more copious extracts on these subjects, and we pass to "the treatment of acute rheumatism considered preparatory to the treatment of its accompaniments, endocarditis and pericarditis."

"It has been said that, in the treatment of acute rheumatism, one trusts entirely to venesection and cures it, another to opium and cures it, and another to drastic purgatives and cures it. Here, among several indications which offer themselves to his choice, the physician takes a single one, and

makes it the sole mark and scope of his practice, trusting that, when he has effectually attained it, the complex actions and sufferings which constitute the disease will be brought to an end.

"Thus, he takes the high vascular action of acute rheumatism and sees the whole disease represented in it, and is solely intent upon subduing it by venesection, expecting that as he pulls down the circulation, the fever, the nervous disquietude, and the pain, and the swelling, will all cease, and the various secreting organs of the body will resume their natural functions, and that thus the actions of health will gradually supersede the actions of disease. Or he takes the nervous disquietude and the pain of acute rheumatism as the representative of the entire disease, and deals with it accordingly, being solely intent upon moderating them with opium, and expecting that, as they subside, the high vascular action and the fever will subside along with them, and that the secretions will return to their healthy measure and kind. Or he takes the state of the several secretions, their deficient quantity, and their unhealthy quality, as the representative of the entire disease, and so addresses his treatment to those organs whose secretory functions are more immediately within the reach of medicine, the stomach and bowels and liver, and he gives large and repeated doses of calomel, and follows them with large and repeatcd doses of purgative medicine. This he does, and this is all that he does; and having done it effectually for a few days, and obtained very large and bilious evacuations, he expects that the fever, and high vascular action, and nervous disquietude, and pain and swelling will all cease, and the patient will be well.

"Let me repeat my testimony to the success of this practice in acute rheumatism; the practice, namely, of choosing some single indication and steadily pursuing it to its fulfilment. It is a very rational practice. It is founded upon experience and it compasses its end by very simple means; and the manner of its successful operation may be well conceived, if it cannot be entirely explained, in the present state of our knowledge. Disease is a series of new and extraordinary actions. Each link in the series is essential to the integrity of the whole. Let one link be fairly broken, and the integrity is spoiled, and there is an end of the disease; and then the constitution is left to resume its old and accustomed actions, which are the actions of health.

"But, you may ask, is the treatment of acute rheumatism really so plain and simple an affair in all cases? Is there nothing else to be done, but out of several purposes (or indications of treatment, as we call them) to choose judiciously some single one, and pursue it resolutely and effectually by

the simplest means? And is this the practice to which the cure of the disease may be safely trusted in all cases? Certainly not—certainly in a small proportion of them only.

"But it is not without reason that I have dwelt upon this practice of single indications and single remedies. For though capable of being strictly followed in a few cases only, it contains a principle of large application, which helps and furthers the treatment of all cases of this disease, and of many diseases besides."

* * * * * * * * *

"But there is a plan of treating acute rheumatism which is juster and safer, and applicable to more cases, and more successful than any of them. And that plan is a compound of all three.

"This compound method, while it works with all the means which have been recommended, stops short of what is harsh and excessive in their use, and yet compasses with more certainty the successful result.

"For I believe that, in the treatment of this disease, and in the same cases, by the judicious use of opium you may spare blood, and by the judicious use of bleeding you may spare opium; that by calomel and purgatives properly administered, you may make bleeding and opium less needful, and that by bleeding and opium discreetly employed you may leave the less to be effected by calomel and purgatives.

"Hitherto you have seen how, in the management of acute rheumatism, you may deal with blood-vessels, and with nerves, and with secreting organs, separately, and with what effect. Presently you will see how and with what effect you may deal with them simultaneously; and how your different remedies once set a-foot, and pursuing different paths, meet and end in one purpose—and that purpose the cure.

> "'As many arrows, loosed several ways,
> Fly to one mark.'"

The treatment of acute rheumatism is continued in lecture eleventh:

"In several cases, however, the proportion of the remedies to each other would vary. Sometimes more, sometimes less, blood-letting would be called for, and often none at all. So too, more or less opium, and more or less of calomel and aperients.

"I have remarked of the effect of blood-letting in acute rheumatism, that it belongs to it rather to render the disease more curable by other remedies than to cure it itself. Blood-letting, therefore, properly, takes the lead of other remedies in point of time. For if it be necessary, the whole treat-

ment must tarry, and other remedies come short of the good of which they are capable until, it is performed. On the first view, then, of the patient, the immediate question is—should he be bled? and if so, to what amount? This question it would be foolish and dangerous to pretend to settle anywhere but in the wards of the hospital, and with the very patient before you, and your finger upon his pulse. Well! and what then? Why! then if you judge there is more force of circulation than calomel and purgatives operating upon the bowels, aided by the soothing effects of opium upon the nervous system, will be able to abate, you may bleed.

"This is the best direction I can give. But be it the best and wisest that can be given, it must be utterly useless, nevertheless, except to those who are or shall be constantly busied about the sick. For, by this direction, whether to bleed or not to bleed is made to wait upon a judgment which must first be formed upon two points. And these two points nothing but the most constant bedside experience can make sure of. They are these—the exact force of the circulation in a particular instance, to be ascertained by the pulse; and the probable power of calomel, and purgatives, and opium to reduce it, to be estimated by the ordinary effects of the same remedies.

"I do not wish to exaggerate the difficulties of medical practice; neither do I wish to conceal them. I am sure you will never surmount them unless you first feel and acknowledge them. And some practical experience is needed even for this.

"When from the pulse I have considered venesection necessary to bring down the circulation, the loss of between twelve and sixteen ounces of blood has generally been enough to answer the purpose in view; and the venesection has seldom been repeated.

"The opium, and calomel, and purgatives I have been accustomed to give in combination thus:—With the calomel administered at night, according to its quantity, I have united more or less of opium. To ten grains of calomel I have added one grain of opium; or to five of calomel I have added half a grain, continuing to give them together in the same proportion, night after night, as long as they are needed. Then on each succeeding day, when a large purgation of the bowels has been duly obtained, I have still given the opium alone, or with saline draughts, in doses of half or one-third of a grain every five or six hours. And thus, with the large quantity at night, and the smaller quantities during the day, about two grains of opium have been commonly taken in the course of twenty-four hours."

The variation in the treatment of the disease when it affects the heart, and the reasons for it, are clearly set forth in the following extract from lecture twelfth:

"When the question is of the joints, it might be laid down as a maxim of practice, to treat the rheumatism (or the general disease) and let the joints take care of themselves. But when the question is of the heart, the maxim might be stated conversely; to treat the heart, and let the rheumatism take care of itself. For inflammation of the heart, whether endocarditis or pericarditis, being the accompaniment of acute rheumatism, is to be managed by the same methods and remedies as would be, were it alone and idiopathic. And these methods and remedies are such as might not be employed at all, or certainly not to the same extent, in a rheumatism attended only by inflammation of the joints.

"Now I admonish you that I am going to enter into bedside details. For I can teach you nothing unless I do, and you can learn nothing unless you attend to them. Blood-letting and mercury, and opium, are your remedies for these diseases of the heart. And so they are for acute rheumatism irrespective of inflammation of the heart. And so they are for twenty diseases besides. But little practical instruction is conveyed simply by announcing the fact. For in each of the twenty diseases, nay, in each case of any one of them, they may need to be employed in different modes and measures. Thus they are only *conditionally* curative after all. But is not this almost as much as can be said of the application of any remedy to any disease? Conditions mix themselves with all medical practice. To know the disease and to know the right remedy, are only first steps towards the right treatment. The success, and even the safety of practice, come from knowing things which lie far beyond. Stop here, and you will soon find it much easier to kill a man with the *right* remedy than to cure him.

"Bleeding, mercury, opium, the very remedies you used in acute rheumatism, are (I say) still your main reliance, when inflammation attacks the heart; but bleeding in different modes and measures, mercury directed to a totally different purpose, and opium given with more than one single intention.

"As soon as inflammation is known or suspected to have reached the heart, mercury must be given without delay. Or should mercury be already in use, as a remedy for acute rheumatism, with the intent of obtaining large evacuations from the bowels, it must at once have a new direction given to it. The irritation it has produced within the abdomen must by all means be pacified, and its constitutional impres-

sion must now alone be thought of—that impression, of which salivation is the best evidence, of which (as far as we know) it alone of all remedial substances, is properly and exclusively capable, and which, under favorable circumstances, is largely counteractive of inflammation."

The next four lectures are devoted to the consideration of mercury as a remedy in rheumatic and other inflammations, and constitute rather too high an eulogy upon its powers. This remedy possesses great virtue in curing inflammatory affections in general, yet we do not subscribe to that free and almost universal application of it here recommended. And although the induction of ptyalism in the treatment of inflammations of the heart, iris, and some other important organs may properly be regarded as a sine qua non, still we should be extremely careful how we produce a disease often so destructive in its tendencies and, even in many inflammatory cases, of doubtful utility.

Lecture seventeenth treats of pericarditis independent of rheumatism. The following will be new to many of our readers:

"There is no structure of the body more liable to inflammation than the pericardium. Of those who have reached adult age and upwards, one half (it appears) have suffered pericarditis at some period of their existence. But then, in the vast majority of cases, it is neither detected, nor perhaps detectible, during life. It comes and goes unnoticed, and neither by itself while it remains, nor by its effects when it has ceased, does it do any amount of injury capable of interfering with the healthy actions of the heart. Hence, in five cases out of six there is no clinical history to be given of pericarditis. How and when, and under what circumstances it takes place in the living man, we have not the smallest experience. All our knowledge of it is from its effects which we discover in the corpse."

It appears to have been shown by Mr. Paget that the white spots on the heart, so commonly observed in dissections, are sequelæ of inflammation. The following is the author's opinion of its importance:

"Doubtles it would be to our credit, that pericarditis in all its slighter degrees should come within our knowledge and

treatment. But, because this is not the case, mankind has suffered nothing. For such pericarditis is harmless from beginning to end. It puts life to no present peril, and does no ultimate injury by its effects. Those white spots and slender adhesions of the pericardium are often found where there is not a vestige of disease besides; and then the heart at the same time is so constantly found perfect in size, and form, and capacity, that they may be considered as things almost purely innocent."

In lecture eighteenth it is shown how, after the inflammation has subsided, the patient often sinks from a want of energy in the system to make reparations.

The next four lectures give a most interesting account of the permanent injuries of the heart consequent upon endocarditis and pericarditis, such as adhesions, thickening of the membranes, contractions, and valvular derangements; but as we cannot enter into details sufficiently to make it interesting without exceeding our limits, we pass this subject by.

After speaking of inflammation of the muscular substance of the heart, which is shown occasionally to take place in the acute form; sometimes going on to suppuration, but which is seldom detected until after death, our author dwells upon softening and fatty degenerations; the former of which from the following extract, would seem to be much more common than generally understood, and of great interest to the practitioner:

"I have been looking over M. Louis's admirable book upon fever, and find him laying great stress upon the intermitting and irregular pulse, attesting its formidable import, declaring how few who have it recover, and stating that he has found in almost all of those who have had it and have died, a softening of the heart's muscular structure.

Dr. Stokes, of Dublin, has lately been directing attention to the same morbid condition of the heart among the formidable contingencies of fever. And he had done so, with some novelty in his views of the thing itself, with a more precise notice of its diagnostic signs and (what is most important of all) with the discovery, that these contain indications which may be safely trusted to decide one of the most difficult points of practice in the management of fever. Dr. Stokes holds this softening of the heart to be a proper and special effect of fever, and its diagnostic signs to be the impulse of the ventricle becoming almost or altogether imper-

ceptible, and the systolic sound at the same time almost or altogether inaudible. And he considers that the impulse and the sound together being thus weakened or abolished, whatever in other respects be the patient's condition, call at once for stimulants as his only means of safety: and that his safety is insured as soon as a fairly perceptible impulse and a fairly audible sound are thus restored to the heart. The impulse and the sound thus ceasing and thus returning are, under the circumstances, diagnostic signs as nearly perfect as can well be conceived.

"But there are certain chronic constitutional diseases, in which the blood becomes corrupt in quality or in some essential constituent, in its red globules for instance, as in scurvy or chlorotic anæmia. A pulse deficient in power and intermitting is among the charactistics of such diseases, and when death takes place, the heart is found softened.

"I have something to say practically upon this subject of the softened heart which must be reserved for another place.

"That other condition of the heart, viz., the conversion of its muscular substance into fat, which acquires an importance from the serious results to which it leads, may be described in a few words.

"The healthy heart is always more or less marked upon its surface with streaks of white, and this appearance comes from the deposition of fat in the cellular texture which unites the serous covering with the subjacent muscular structure. It is found chiefly where the venæ cavæ unite to form the the right auricle; also at the base of the ventricles and along the line which marks the boundary between the two, and around the great blood-vessel as they emerge from the heart. But when fat is found in more than these situations and in more than the natural quantity, it is not so much added to the healthy substance of the heart as existing at its expense and detriment, and the muscular structure is that which especially suffers. The muscular fibre is sometimes pale and wasted like that of a paralytic limb.

"Now the predominance of fat in the heart, whether it be superadded to, or intermixed with, its muscular structure, may be said to constitute a form of unsoundness, partaking in some sort, of the character of disease; moreover, like other unsoundness from disease, it naturally leads to unsoundness from disorganization. The fat heart ends by becoming also a dilated and enfeebled heart."

The subject of hypertrophy, atrophy, dilatation, and contraction are next discussed under the general head of disorganizations of the heart.

These alterations are said to be results of former or present disease either of the heart itself or of some organ or organs intimately connected with it. In many cases they originate from acute rheumatism. Sometimes from disease of the arteries, lungs, liver, curvature of the spine, deformity of the chest, &c.

In reference to the treatment of hypertrophy he says:

"By most writers upon diseases of the heart I find its hypertrophy spoken of as curable. Its muscular substance, having acquired even a large increase of bulk, is considered capable of being again brought down to its normal size and normal force of action, by medical treatment. And of the remedies contributing to this result I find venesection represented as the chief. Now it would be unfair to mankind to abridge the hopes and efforts of medical men in all things possible for their benefit; and the cure of hypertrophy of the heart does not look like a thing which is in its nature impossible. But I must confess that, in the whole course of my experience, I never yet met with a single instance in which I was perfectly satisfied that it was cured. This negative experience of mine may not be worth much. Yet I have been a good deal in the way of such things; and it does appear rather strange that what others have seen so often I should never have seen at all. Therefore I may be pardoned for suspecting that physicians, affirming not the mere curability of hypertrophy, but its very frequent cure, were under some mistake."

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"Impulse of the heart, taken alone, however great and however extensive it may be, is not a sure physical sign of hypertrophy. Hypertrophy, indeed, cannot exist without excess of impulse, but excess of impulse can exist without hypertrophy. When the impulse of the heart is excessive, and at the same time its sounds are obtuse, muffled and indistinct, and the præcordial region presents a larger space than natural which is dull to percussion, then the signs of hypertrophy are complete. And hypertrophy so sure and unquestionable was never cured within my experience. But when the impulse of the heart is in excess, and at the same time its sounds are as loud and clear as ever, or louder and clearer still, and the whole præcordial region is quite resonant to percussion save the small space which is naturally dull, then the signs of hypertrophy are incomplete. Yet if this be enough to constitute hypertrophy, I have seen and treated it successfully in a hundred instances. But in the

meantime I have not thought that I had to do with such affection, or ever claimed the least credit for curing it."

In reference to the treatment of atrophy our author gives even less encouragement:

"Atrophy of the heart, or attenuation of its muscular substance, is the form of disease which is naturally opposed to hypertrophy. Now of this atrophy, I doubt whether it can ever be made a distinct object *respective to cure*. I doubt whether the heart, having suffered such loss of substance from special disease of its own, can ever be made to recover it again by help of medicine.

"When, owing to defect of nourishment, from fever, or from disease in particular organs, or from accident, the whole becomes weak and attenuated, the heart may, perhaps, (I am not sure of the fact,) share the general disorder and become weak and attenuated also. And when the whole body, owing to better nourishment, becomes robust and lusty again, the heart may, perhaps, (I am not sure that it does,) recover its natural strength and substance.

"But all this, although it may originally spring from disease, yet, as far as the heart is concerned, has to do, not with disease, but with degrees of health. The full energies of health revive, and the heart is re-invigorated."

Dilatation is either produced by hypertrophy of the walls of the heart or by their attenuation from softening or atrophy, and of course the treatment is included under one of these heads. Hypertrophy and atrophy have been spoken of, and it remains but to treat of softening:

"Again, in fevers, when the skin is dusky, and the impulse and systolic sound of the heart both fail, and death is imminent and threatening, and yet under the seasonable use of wine and stimulants the skin brightens and the heart is again felt and heard, and with its returning impulse and sound all inauspicious symptoms are gradually cleared up and recovery is finally complete, then surely we cannot be wrong in believing, first, that the heart had been softened, and had afterwards recovered its natural texture and power, and secondly, that this recovery of its natural texture and power was mainly instrumental in saving life.

"This softening of the heart in fevers is no new fact. But the knowledge of the precise auscultatory signs which denote its softening, and of the precise auscultatory signs which denote recovery, this indeed is new knowledge, and

we owe it to Dr. Stokes, of Dublin. And further, the detection, in these same auscultatory signs, of one precise and plain *indication* to guide us in a most difficult point of medical practice, viz., the administration of stimulants in fever, this too is new, and this too we owe to the same sagacious physician. Whoever discovers a single new indication of treatment, which shall prove just, aud true, and comprehensive, does a better service to mankind than if he found out twenty new remedies.

"From what I have seen I am convinced, that this softening of the heart, by corruption of the blood in fevers, is often a very rapid process, and never a very slow one. And I am also convinced that the recovery of the heart (when it does recover), by restitution of the blood, is often a very rapid process and never a very slow one. The blood is soon changed *from* its healthy state, and soon changed back again *to* it. The process seems more chemical than vital from its mere rapidity.

"Now, as to treatment, it should seem that whatever had power to restore its healthy quality to the blood would be the remedy most suitable to recover the heart from its softened condition; and theoretically one would look to chemistry for it. But chemistry has no such remedy to offer us; and so we are left to make the best of our mere experience, and to sustain the nervous system and the movements of the heart by simple stimulation, while nature transacts the business of reparation in her own way. Our remedies have no other purpose, and probably have no other effect, than to keep up a little life until the blood is able spontaneously to restore itself, and by consequence to restore the heart, and whatever other organs may have suffered the like detriment with it, to the conditions of health.

There is also a softening of the heart which belongs to certain diseases of a chronic kind characterized by an unhealthy state of the blood; such as scurvy and chlorotic anæmia. When people die of scurvy the muscular structure of various organs throughout the body is found loose and soddened, and without its natural cohesion, and of the heart among the rest. And when they die of chlorotic anæmia, internal parts are not only found as bloodless as the surface but also loose of texture. Such is the condition of muscles, and among the rest, of the heart.

"But recovery is infinitely the more frequent event of these diseases; even full and complete recovery, when it is impossible to doubt that the heart, and whatever other parts have suffered detriment, are restored to their natural integrity.

"Now in these cases the softened heart has no special remedy. Its treatment is merged in the treatment of the

scurvy or the anæmia. Cure the one by lemon juice and the other by steel, and you cannot help but cure the softened heart."

But softening of the heart, says the author, is generally secret in its beginning and course until, with a train of concomitant affections, it is manifested, and we cannot tell which preceded or followed:

"The patients are in the decline of life, or they have forestalled the season of old age by intemperate habits. Their nervous system may be shattered: their arteries may have undergone extensive changes of structure: their livers may be enlarged, their kidneys may be granulated. All of these forms of disease may be, and some of them are sure to be, conjoined with softening of the heart, before it comes to be known and to be treated.

"And, further, before it comes to be known and to be treated, the softening of the heart is already a part only of a complex disease in the organ itself. The very same tissue, the muscular tissue, has undergone other disorganization, besides softening. Either it is augmented in bulk and hypertrophied, or it is diminished in bulk and attenuated. This chronic softening of the heart is (as far as I know) always united either with hypertrophy or attenuation.

"Further, a heart softened and hypertrophied, or a heart softened and attenuated, has (as far as I know) always one or both of its ventricles dilated.

"Thus, this chronic softening is a part of threefold disorganization of the heart. And, if each part separately offers (as it does) but a slender hope of cure, the complex of the three may be set down as incurable. No bark or steel or tonic remedy can now reach the heart and strengthen it. No mercury or iodine or alterative remedy can now reach the heart and change it to its natural state again."

The work closes by a consideration of the sequelæ of diseases of the heart, which are treated in a masterly manner. Amongst the most frequent of these are affections of the lungs. Why this should be the case, is plain from the intimate relation sustained between them and the heart, and the proximity of these organs to each other.

Our author regards that obscure affection, angina pectoris, as being a spasm of the heart, and gives numerous cases from which deductions are drawn to sustain the opinion.

But as we have already dwelt at considerable length, we will draw our article to a close.

Our object is, while we give a general idea of the character of the work, to furnish from it such facts and conclusions as shall be of service to the physician.

We hope to have the influence of directing the attention of practitioners to the conditions of the heart in disease which are certainly too often neglected. E.

PART III.—BIBLIOGRAPHICAL NOTICES.

ARTICLE XI.

Reports of the Trustees, Steward and Treasurer, and Superintendent of the Insane Hospital. 1845. Augusta, Maine.

This Institution, under the care of Dr. James Bates, appears from the reports before us to be in a prosperous condition.

There were in the institution at the opening of the year, seventy-six patients, and admitted during the year ninety-nine. Whole number one hundred and seventy-five.

Discharged during the year—

Cured - - - -	38
Improved - - -	22
Unimproved - - -	23
Died - - - -	7
Making - - -	90

Leaving in the Hospital, at the close of the year, eighty-five patients.

We extract the following interesting paragraph:

"Although it is impossible to obtain correct information on a subject which many persons consider as one of delicacy, if not involving reputation of family, we have always sought it, in relation to hereditary predisposition. In some families this is very evident. In one case a father and two sons have been here; in two, the mother and daughter; in one, a man and his nephew and niece, at the same time. Of 486 admissions, 211 are represented by their friends as having insane ancestry or blood relatives in that condition.

"When we add to these, foreigners and others concerning whom little information can be obtained, there can be little doubt more than one half are hereditarily predisposed to that state of brain of which insanity is a symptom." E.

ARTICLE XII.

New Books.

We have been notified by Mr. Joseph Keene, successor to Brautigam and Keene, of Chicago, that a number of new works were on the way from the east for us, and also a package from London, care of Wiley and Putnam, New York.

Our readers may expect in the next number of the Journal a full account of all works received.

PART IV.—SELECTIONS.

1. *On the Effects of Mercury on the Young Subject.* By John B. Beck, M. D., Professor of Materia Medica and Medical Jurisprudence, in the College of Physicians and Surgeons, of New York.

In some previous papers,* I have endeavored to point out the peculiarities attending the operations of opium and emetics, on the infant subject, as distinguished from the effects of these agents on the adult. I now propose to make some remarks on another article of even still greater importance, and that is *Mercury*. That Mercury is an agent of immense power, either for good or evil, upon the human constitution, cannot be questioned. While in many cases it is the means of saving life, in not a few it unquestionably destroys it. If this be so, it becomes a question of the deepest practical interest, to determine whether its action is modified in any way by the age of the patient, and particularly so, when it is recollected that it is given by too many physicians, even more freely, and may I not add indiscriminately, to the young subject than to the adult.

The first and most striking peculiarity attending the action of Mercury is that in young subjects it does not produce salivation so readily as it does in adults. Indeed, under a certain age, it appears to be exceedingly difficult to excite salivation at all in them. On this point, besides our own experience, we have abundance of testimony. Dr. Clarke says, "under various circumstances he has prescribed mercury, in very large quantities, and in a great number of cases; and he never produced salivation, except in three instances, in any child under three years of age."† Dr. Warren, of Boston, observes, "that he has never known an infant to be salivated, notwithstanding he has given, in some cases, large quantities with this view."‡ Mr. Colles, of Dublin, says "no man in the present day requires to be told that mercury never does produce ptyalism, or swelling and ulceration of the gums in infants."§ Drs. Evanson and Maunsell speak still more strongly. They say, "mercury does not seem capable of

* New York Journal of Medicine and the Collateral Sciences. Vol. ii, p. 1. Vol. vii, p. 153.

† Commentaries on some of the more Important Diseases of Children. By John Clarke, M. D., p. 182.

‡ View of the Mercurial Practice in Febrile Diseases. By John Warren, M. D., p. 146.

§ Practical Observations on the Venereal Disease and on the use of Mercury. By Abraham Colles, M. D., p. 171. Amer. edition.

salivating an infant. We have never seen it do so, nor are we aware of any such case being on record." "We have never succeeded in salivating a child under three years of age."*

The same general fact seems to be applicable to the external use of mercury. Dr. Percival, of Manchester, remarks that he "repeatedly observed that very large quantities of the Unguentum Cœruleum may be used in infancy and childhood, without affecting the gums, notwithstanding the predisposition to a flux of saliva, at a period of life incident to dentition."†

That salivation does not take place so readily in the infant as in the adult, would seem then to be well established. That it never can or does take place, as might be inferred from some of the preceding quotations, is by no means, however, true; and the statement, if implicitly relied on, is calculated to be the cause of much mischief. That very young subjects do sometimes become salivated is unquestionable. One case, and only one, however, has occurred in my experience, in which a child of two years of age was salivated, and that by a very moderate quantity of calomel, viz., five grains, given in three portions, at intervals, within the space of about twelve hours. In about two days after, the gums became inflamed, the tongue swelled, several ulcers appeared in the mouth, and the flow of saliva was free; after continuing about three days in the same state, it gradually yielded and disappeared without any further inconvenience. In this case, everything seemed favorable to the development of mercurial action. The child had been laboring under whooping cough for several weeks, and was a good deal reduced. It vomited freely with every paroxysm of coughing, and this no doubt aided in bringing on salivation in a constitution peculiarly sensitive and evidently scrofulous. Nor is this a solitary case. Dr. Clarke, already quoted, admits that in three cases, salivation was produced in children under three years of age. And similar cases have been observed by others. Dr. Blackall relates the case of a child two years of age, who was salivated in consequence of taking two grains of calomel for several successive nights. The child was a poor scrofulous subject and it sunk under the effects of the mercury.

This, then, is a remarkable peculiarity in the action of this agent upon the infant subject, and the observation of it has doubtless led to the belief, too prevalent among some physicians, that it may be given to them, to almost any extent

* Treatise on the Management and Diseases of Children, p. 38.

† Essays, Medical and Philosophical. By Thomas Percival, M. D., vol. ii, p. 318.

with perfect impunity; an error, which if not in its immediate, yet certainly in its remote effects, has been the prolific source of more mischief probably than any of us are aware of.

Although mercury so seldom salivates infants, yet, notwithstanding this, it cannot be doubted that it affects the system profoundly, and even more so, proportionally, than it does the adult. That it should do so appears perfectly natural, when we reflect upon the mode of its operation on the human system. On this subject, I am aware that a great difference of opinion exists. By some, mercury was looked upon as a stimulant; while others view it as a sedative. A familiar acquaintance with its effects, however, will show, I think, that it may be the one or the other, according to circumstances—according to the dose in which it is given—the length of time it is continued, and more especially, the condition of the system at the time of using it. A single large dose of calomel will cause nausea and relaxation, and sometimes unpleasant prostration, while if it be given in smaller doses and repeated frequently, it will occasion irritation of the intestines, and general disturbance of the vascular and nervous systems: in the former case acting as a profound sedative, and in the latter as a stimulant, or rather irritant. That calomel given in large doses operates as a sedative, seems to be proved, not merely by the nausea and prostration which it frequently produces, but by other considerations. In dysentery, for example, in the adult, a dose of twenty grains of calomel will sometimes allay pain and irritation, with as much certainty as a dose of opium. For the purpose of testing the effects of calomel some interesting experiments were made by Mr. Annesley, which would seem still further to show, that in large doses the action of the agent upon the mucous membrane of the stomach and intestines, is that of a sedative. He took three healthy dogs, and gave to one ʒj of calomel, to a second, ʒij, to a third, ʒiij. After this they were tied up in a room.

"The dog which took ʒi did not appear to feel any sickness, till six or seven hours afterwards, when he vomited a little. He was lively the whole time, and ate his food well; had been purged two or three times; dejections of a black grey color.

"The dog which took ʒij was likewise lively and ate his food well, vomited two or three times, and was purged more than the other; he passed tape worms, and the dejections were black.

"The dog which took ʒiij was heavy and apparently uncomfortable the whole day, and did not vomit at all; he was purged and passed a very long tape worm; dejections also black."

Twenty-four hours after they had taken the calomel, the dogs were all hung, and five minutes after they were dead, they were examined, and the vascularity of the stomach was found to be in the inverse ratio of the calomel they had taken; i. e., in the dog which had taken 3iij the vascularity was the least, and so on. For the purpose of comparing this with the condition of the stomach of a dog which had taken no calomel at all, an examination of another dog was made; and here the stomach was found to be *more vascular* than in any of the others. From these experiments, Mr. Annesley drew the conclusion, that "the natural and healthy state of the stomach and intestinal canal is that of high vascularity, and that the operation of calomel in large doses, is directly the reverse of inflammatory."*

The foregoing considerations would seem to show that calomel in full doses is a local sedative, and in its general effects, is debilitating to the system at large. Hence its great utility and value as a remedy in many inflammatory diseases.

When, on the other hand, it is given in small and repeated doses, it acts not unfrequently as a local, as well as a general irritant, producing immoderate action of the bowels, and general irritation of the nervous and vascular systems. Now these, we know are the effects observed continually in the adult, and it is but reasonable to suppose that all of them must, of course, be aggravated in the more delicate and sensitive system of the infant.

What shows incontestibly that the action of mercury is actually more energetic on the infant than the adult, is the fact, that when salivation does take place in the former, as it sometimes does, its effects are more disastrous. Sloughing of the gums and cheeks, general prostration and death are by no means uncommon occurrences. On this subject, Dr. Blackall justly remarks, "a general opinion prevails, that the constitutions of young subjects resist mercury. Its entrance into the system they certainly do resist, more than we could expect; but they are greatly overcome by salivations, and the constant occurrence of such accidents may well set us constantly on our guard."† Dr. Ryan, too, says, "Ptyalism of infants is often followed by sloughing of the gums and cheeks; and this I have known to occur after the use of it in hydrocephalus."‡

Besides being more energetic in its action on the infant, mercury is also more uncertain. This must necessarily be

* Transactions of the Medical and Physical Society of Calcutta. Vol i, 211.

† Observations on the Nature and Cure of Dropsies. By John Blackall, M. D., p. 126.

‡ Manual of Midwifery. By Michael Ryan, M. D., p. 477.

the case, and for the same reason that every other active agent is so. In the adult we know that mercury varies in its effects according to the condition of the system, and the peculiarities of the patient's constitution. Thus, some persons are salivated by the smallest quantity of this metal, while others resist the influence even of the largest quantities. In some, febrile action; in others, diarrhœa and exhaustion take place, even from moderate doses. Hence it is that every prudent physician, if unacquainted with the previous history of the patient, makes it a special subject of inquiry to ascertain whether he has ever taken mercury previously and how it affects him. Now in the young infant, of course, as we cannot so well have the benefit of this information, more uncertainty must necessarily attend its operation.

These, then, are the peculiarities attending the operation of mercury on young subjects, viz.: that they are salivated with great difficulty, and that, notwithstanding this, the effects of it are frequently more energetic and uncertain than they are in the adult. And it is upon these as the basis that I propose to make a few remarks bearing upon the practical application of it in young subjects.

1. If salivation occurs so rarely in children under a certain age, then it is evident that it can never be made a criterion by which to judge of its influence on their symptoms. To attempt, therefore, to produce this effect, as we do in adults, is manifestly improper. In cases where it is desirable to get the system under the influence of the remedy, other modes must be resorted to for the purpose of judging to what extent the use of the article should be carried. Now this is by no means easy. Even in adults, where we have the benefits of salivation as a test, all practical physicians are aware how difficult it is, frequently, to decide when it is proper to stop the use of the remedy. How much more so must this difficulty be increased in the young infant, where we are left without this guide. The only modes of judging, of course, are the character of the evacuations from the bowels, and the general impression made upon the disease for which it is administered. Both these are evidently, however, uncertain. It is to be feared, therefore, that for the want of a more certain guide than we at present possess, the use of this remedy is, in many cases, unnecessarily protracted, to the great detriment of the little patient. From all this the conclusion is obvious, that in the use of this article in the young subject much greater caution is necessary than in the adult.

2. The fact that mercury may prostrate and destroy a young child, even though it does not cause salivation, it is to be feared is not sufficiently appreciated, at least by some.

We have known calomel given without weight or measure to a young child, and the reason assigned to justify it was, that it could do no harm because it would not salivate. Now it appears to me that no opinion could be more unfounded, and no practice more mischievous. Although a single dose of calomel, even though large, may be well borne by children of ordinary strength of constitution, yet even this is not entirely safe in all cases. And when these doses are frequently repeated in delicate habits, the most serious consequences may result.

3. The use of mercury in young subjects as an alterative should, in all cases be conducted with great caution. There is no practice more common than that of continuing the use of this agent in small doses, for a considerable time, and certainly none which is more liable to abuse. Under the idea that the dose is so small, and from no salivation appearing, we are apt to infer that even if the medicine is not doing any good, it is certainly not doing any harm. Any improvement too, which occurs during the use of the article is sure to be attributed to the silent operation of it on the system. Now although this is not unfrequently the case, yet it is not invariably so; and every observing physician must have been aware of cases, in which, in this way, the article has been unnecessarily and injuriously continued. In bowel complaints, under the idea of alterating the secretions it has frequently, no doubt, helped to keep up the very intestinal irritation which it was given to correct. In other cases it has developed the latent tendency to other diseases, such as scrofula, phthisis pulmonalis, etc. In adults we know this to be very often the case. How much more likely is all this to happen in the young infant?

4. In the use of mercury in young children, great care should be exercised in ascertaining, as far as possible, their constitutional peculiarities. This, of course, is not in all cases easily to be done. A good deal, however, may be learned from an acquaintance with the tendencies of the parents. Wherever the parents show indications of scrofulu, or where there is an hereditary predisposition to consumption, great caution ought to be exercised in the use of mercury in their offspring.

5. Mercury should be administered with great caution, in cases where a child has been sick for a considerable length of time, and when the strength of the child has been very much reduced. In this state of constitutional depression, a single cathartic dose of calomel sometimes proves fatal. We think we have seen more than one case, in which a child has been irretrievably prostrated under these circumstances,

under the false impression that calomel is an innocent purgative to a child.

6. The too common practice of giving calomel as an ordinary purge, on all occasions, is certainly unjustifiable. From the facility with which it may be given, it is unquestionably resorted to in a great number of cases, where it is certainly unnecessary, and in a great number where it positively does harm. The misfortune is, that its use is not limited to an occasional dose, but it is too often given in every slight indisposition of the child. Now, in this way, there can be no question that the use of it has laid the foundation for the ruin of the constitutions of thousands. It ought to be a rule laid down and rigidly followed, that in very young children, mercury ought never to be used as a cathartic, unless there is a special reason for resorting to it. In a great majority of cases, milder cathartics are to be preferred.

In concluding these observations, I trust it may not be supposed that my intention has been to undervalue the importance of mercury as a remedy in the diseases of children. On the contrary, no one appreciates it more highly than myself. In many cases, nothing can supply its place, and its judicious use has been, and is, the instrument of saving multitudes of lives. Notwithstanding, however, the many cautions to the contrary, it is to be feared that the use of it is still too general and indiscriminate. Indeed, the amount of it which is taken by the human race, in one way or other, is incalculable. What is given by regular physicians, is perhaps the smallest quantity. If the public really knew how much of this article is swallowed unknown to themselves, in the shape of bilious pills, worm lozenges, and the white powders of the Homœpaths, they would be amazed at their credulity in deserting their old medical advisers, because they have the boldness to give them an occasional dose, and the honesty to tell them so.—*Annalist.*

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2. *Sir Humphrey Davy on the Use of Narcotic Vapors in mitigating Pain.*—In the collected works of Sir Humphrey Davy, published in 1839, occur the following remarks on the effects of narcotic vapors in producing insensibility.

"In one instance, when I had headache from indigestion, it was immediately removed by the effects of a large dose of gas; though it afterwards returned, but with much less violence. In a second instance, a slighter degree of headache was wholly removed by two doses of gas.

"The power of the immediate operation of the gas, in removing intense physical pain, I had a very good opportunity of ascertaining.

"In cutting one of the unlucky teeth, called *dentes sapientæ*

I experienced an extensive inflammation of the gum, accompanied with great pain, which equally destroyed the power of repose and of consistent action.

"On the day when the inflammation was most troublesome, I breathed three large doses of nitrous oxide. The pain always diminished after the first four or five inspirations; the thrilling came on as usual, and uneasiness was swallowed up in pleasure.

"As nitrous oxide, in its extensive operation, appears capable of destroying physical pain, it may probably be used with advantage during surgical operations in which no great effusion of blood takes place."—*Bost. Med. and Surg. Jour.*

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3. *Case of Poisoning by Camphor.*—By Dr. E. O. Brown, of Brandenburg, Kentucky.

Mr. A., a stout robust man, on the 27th January, 1847, bought an ounce of gum camphor, had it put up in paper as usual, placed it in his pocket, and went to church. While there he would frequently pinch off small pieces and chew and swallow them, not noticing the quantity taken. After church he, with his father and brother, left town for home. When they had proceeded about one mile on their way, the two brothers were riding together, when suddenly the one who had taken the camphor drew up his bridle as though he was going to stop his horse, threw himself back and fell to the ground. Upon going to his assistance they found that he was powerfully convulsed; in a short time a second and a third convulsion followed. A gentleman passing at the time who was in the habit of bleeding, bled him, conveyed him to the nearest house, placed him in a warm bath, and gave him some medicine. He remained speechless, and perfectly unconscious of all that was going on for several hours. After some hours he gradually recovered his speech, but stated that he could not recollect any of the transactions of the evening on which the accident happened. He remained stupid, languid, and rather wandering all next day, but gradually recovered his former condition, and has enjoyed his health and spirits as usual since.

The foregoing history I derived from the father of the individual affected. The weight of the camphor sold by the druggist was ascertained, and on weighing it again it appeared that it had lost one hundred and ten grains. It may be concluded, therefore, that the young man swallowed something like that amount of the substance.—*West. Jour. of Medicine and Surgery.*

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4. *Inhalation of Sulphuric Ether.*—Our exchange Journals continue to be crowded with cases and discussions illustra-

tive of the effects of this kind of medication. Not merely is it employed when cutting instruments are used, but in the treatment of luxations, hernia, and labor, especially in instrumental cases; in asthma, croup, and nearly all the ills that flesh is heir to. These numerous experiments will doubtless lead to a better understanding of its powers and adaptations, and it will be strange if much good does not result. Bad consequences are known to have followed the employment of the remedy in repeated instances but the only wonder is, with such indiscriminate use of so powerful an agent, that the number of accidents has not been greater. That our readers may know something of what is said and doing on the subject, at home and abroad, we have, at the sacrifice of variety, devoted a considerable portion of the present number to extracts bearing on the most important points involved in the discussion. Already, in this country, we think we discover a decline of the excitement in relation to it, which prevailed so extensively at the first.—*Med. Exam.*

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5. *Effects of Inhalation of Ether in Parturition.*—The following extract of a letter to the editor of the *Provincial Med. and Surg. Jour.*, dated Paris, Feb. 25th, will be read with interest:

"The mind of the profession here is entirely occupied upon the ether question, to the temporary exclusion of all others. The Baron Dubois read a very interesting paper to the Academy of Medicine the day before yesterday, giving the details of six cases of protracted and difficult labors, in which the vapor of sulphuric ether was inhaled with marked advantage. The particulars will be almost immediately published, but in the interim I may as well tell you that the results of the baron's experience warrant him in concluding that the vapor of the ether may be inhaled by parturient women:—1st, without any danger to mother or child; 2d, with advantage to both, in so much as that it destroys all resistance in the voluntary muscles of the perineum, relaxing or rather paralyzing them for the moment, without impeding or interfering in the slightest degree with the natural physiological muscular actions of the uterus. The baron has also observed that the abdominal muscles in their actions in parturition are not at all affected by the inhaled ether.

"The two first cases—both instrumental—one in labor forty hours, the other thirty-six before the vapor was inhaled—turned out ultimately unfortunate, as both patients died of puerperal fever which was at the time prevailing in the hospital (La Maternite). This sad result, the baron does not think can be ascribed at all to the use of the vapor; nor does he on the other hand attribute the immunity of the other patients in the same hospital to it.

"The baron, upon interrogating the patients after delivery, as to their sensations during the operation, was informed by all but one, that they felt nothing of what was doing, but that one smiled and would not say what she had felt. It afterwards turned out that this patient, by her confessions to the nurse, was ashamed to say what she felt and thought, as she found herself engaged, all the time when under the influence of the ether and undergoing the operation of delivery, with her husband in that preliminary process which is so essential to the bringing about of that condition in which ladies like to be who love their lords."—*Med. News.*

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6. *Copland's Medical Dictionary.*—A realization of what is meant by a snail's pace, is to be found in the manner of publishing Copland's Dictionary of Practical Medicine, the fifth volume of which was distributed to the fellows of the Massachusetts Medical Society on the late anniversary meeting. It was wishing a gentleman a long life, when a hope was expressed that he might live till the work was delivered in a state of completion, to the members; and with a weighty sense of the burden of an extreme old age, he might reply that such prospective longevity was undesirable. It is to be feared, from the acknowledged fact that the English language is insensibly undergoing changes, quite as remarkable as it has passed through since the age of Chaucer, that the early part of this learned production will not be as much valued by that remote generation of physicians in whose day the last pages will be distributed, as by their patient, dictionary-loving ancestors.—*Bost. Med. and Surg. Jour.*

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7. *Death of the great French Surgeon, Lisfranc.*—To THE EDITOR: Dear Sir—I have just received a letter from my nephew Dr. F. Willis Fisher, who is now in Paris, from which I make the following extract. Thinking that you probably might be pleased to be the first medical editor who should announce the death of Lisfranc to our public, I take the liberty of sending to you the extract. You will, of course, do what you please with it.

In haste, yours truly,

Boston, June 7, 1847. J. D. FISHER.

"One of the most noted of the French Surgeons has paid his tribute to nature. Lisfranc is dead! After four weeks of suffering from pseudo-membranous croup (*angine couenneuse*) he fell a victim to that relentless malady. He requested that tracheotomy might be performed for his relief; but that operation was objected to, as false membranes were already formed in the pharynx, œsophagus, larynx, bronchi,

&c. He was aware of his situation, and said that he would not shrink before death *if his work on operative medicine were completed!* This remark of the dying Lisfranc is characteristic, not of Lisfranc alone, but of the French savans generally. It has often amused me to notice how jealous the French professors are of their scientific brethren, and how anxious they are to obtain professional notoriety. Lisfranc had become an old man, and he had all the feelings of youthful ambition. He had served as surgeon in the armies of Napoleon, and had been honorably noticed by that great man; and yet, on the day of his death, his craving for increased honor and glory seemed to be as imperious as ever. Lisfranc seems to have been a greater favorite with his countrymen than with foreign physicians and students. As a teacher he was much followed, and as a surgeon he deservedly held a high rank. He was a man of strong and violent prejudices—and never failed in exhibiting them in his lectures, whenever he spoke of those whom he considered as rivals. Dupuytren and Velpeau were the peculiar recipients of his censures—and he oftentimes spoke of these great men with a severity and an eloquence which must have characterized the age of the French revolution. All those who were familiar with the social character of Lisfranc, say that he was a warm hearted man—that he was ever a friend of the poor, and that his services and his purse were ever at the call of suffering humanity."—*Bost. Med. and Surg. Jour.*

PART V.—EDITORIAL.

ARTICLE I.

CLINICAL INSTRUCTION AT CHICAGO.

In order to enable our readers to judge of the facilities for obtaining a practical knowledge of medicine and surgery in the medical college at Chicago, we give below a table of the cases prescribed for at the College Dispensary, and the surgical cases treated at the Hospital from November 15th, 1846, up to May 15th, 1847, together with the operations performed in presence of the class during that time. In addition to these, a considerable number have been attended at their own houses by the more advanced students. The hospital is at present in successful operation, and the dispensary is attached to it. Great want of a suitable building is, however, felt, that at present occupied being but temporarily used for that purpose. This want will, however, soon be remedied, as the public authorities have in contemplation the erection of a suitable edifice for the accommodation of all classes of patients.

Table of Cases treated at the College Dispensary at Chicago, from its commencement, November 15th, to May 15th, 1847.

Dyspepsia	5	Pneumonia	1
Hypertrophy of the Heart	2	Catarrh	6
Valvular Disease of the Heart	3	Dislocation of Shoulder	1
Dilatation of the Heart	1	Deformed Cicatrix	1
Enlarged Tonsils	1	Quinsy	1
Ophthalmia	6	Ptosis	1
Dislocation of the Elbow	2	Phthisis	1
Indolent Ulcers	12	Wound of Eyes	1
Abscess	6	Asthma	4
Anasarca	8	Elongated Uvula	1
Chronic Pleurisy	1	Phymosis	1
Nasal Polypi	2	Rheumatism	6
Caries	4	Constriction of Larynx	1
		Porrigo	1

Neuralgia	6	Vertigo	1
Strabismus	2	Infantile Remittent	5
Diseased Stump	2	Dentition	4
Dysmenorrhœa	2	Goitre	1
Gastritis	1	Constipation	3
Necrosis	3	Diarrhœa	2
Peritonitis	2	Schirrhus Tumor	1
Hernia	1	Encysted Tumor	3
Bronchitis	9	Prurigo	2
Hysteria	1	Cephalalgia	2
Scabies	5	Ptyalism	1
Inscised Wound	4	Ulcerated Sore-throat	1
Encysted Tumour	3	Croup	1
Erysipelas	1	Nephritis	1
Morbus Coxarius	1	Ecthyma	1
Fracture of Metacarpal Bones	3	Hare-lip	1
Fracture of Femur	1	Club-foot	4
Fracture of Neck of Femur	1	Abdominal Tumor	1
Fracture of Radius	2	Schirrhus Pylorus	2
Fracture of Tibia and Fibula	2	Vicarious Menstruation	1
Fracture of Clavicle	1	Fistula in Ano	2
Influenza	1	Dislocation of Elbow	2
		Polypus of External Ear	1
		Cutaneous Cancer	1
Intermittent Fever, with its attendants and sequelæ	202		
Total	379		

Most of these returned a number of times so that the course of the disease and the effects of treatment could be watched.

The following operations, dressings, &c., have been performed.

Excision of Tonsils,	1
For Fistula in Ano by division,	2
For Fistula in Ano by ligature,	1
Extirpation of Encysted Tumors,	3
Extirpation of Scirrhus Tumors,	1
Operation for Hare-lip,	1
Amputation of Finger,	1

Amputation of the Metatarsal Bones,	1
Operations for Club-foot,	4
Operation for Ptosis,	1
Operations for Trichiasis,	2
Operation for Cutaneous Cancer,	1
Extraction of Nasal Polypi,	3
Operation for Strabismus,	1
Removal of Vicious Cicatrix,	1
Removal of Polypus of the Ear,	1
Operation for Phymosis,	1
Extirpation of Abdominal Tumor,	1
Reduction and Dressing of Dislocation of Elbow of five months' standing,	1
Reduction and dressing of Fracture of Metacarpal Bones,	3
Reduction and Dressing Fracture of Radius,	2
Reduction and Dressing Fracture of Femur,	1
Reduction and Dressing Fracture of Tibia and Fibula	2
Reduction and Dressing Fracture of Clavicle,	1
Total	37

Physicians and Surgeons to the Chicago Hospital.

Attending Physician—Dr. H. S. Huber.

Consulting Physicians—Dr. E. S. Kimberly,
Dr. J. Brinckerhoff,
Dr. G. D. Boone,
Dr. J. V. Z. Blaney.

Attending Surgeon—Dr. D. Brainard.

Consulting Surgeons—Dr. W. B. Herrick,
Dr. P. Maxwell.

ARTICLE II.

MEDICAL SOCIETIES.

The Rock River Medical Society which has, from time to time been noticed in our Journal, appears still to be in a prosperous condition, as will be seen by the following abstract from the proceedings of their last meeting furnished us for publication.

This is as it should be, and proves that the large body of intelligent physicians of the region included by the limits of the Society, properly appreciate the influence of such organizations in advancing the interests of the profession by diffusing information, exciting each other to emulation, causing investigations, and by promoting harmony and good fellowship amongst us.

Pursuant to adjournment, the Rock River Medical Society met, for the purpose of holding its annual meeting, in Rockford, Ill., May 18th, 1847.

The President, J. C. Goodhue, M. D., being in the chair, the meeting was duly organized by appointing Drs. Nash and Crosby, Vice Presidents pro tem., the regular Vice President being absent.

On motion, Drs. Payne, Ellis, Gregory, Spencer, Crosby, and Golliday were admitted members of the Society.

A paper was then read by Dr. S. G. Armor, on the *Pathology and Treatment of Periodical Fevers*, which led to a general expression of opinion on the subject by members of the Society. Interesting cases were also reported by Dr. Ames, detailing the character, progress and treatment of malignant fevers of a congestive form.

The following resolutions were offered by Dr. Lucius Clark, and unanimously adopted by the Society:

Resolved, That each member of this convention will use his exertions to elevate the standard of Medical Education in the west, by discouraging quackery in all its forms—by investigating assiduously the Medical Topography of his own region—by communicating the results of his observation to his professional brethren—And by sustaining, as far as is

consistent with their merits, our western Medical Periodicals and western Medical Schools.

Resolved, That, as a *means* to elevate the standard of Medical Education, physicians should dissuade young men from entering the profession whose preparatory education is deficient.

Resolved, That as facilities for teaching the several branches of Medical Education are much greater at public institutions than they possibly can be under the instruction of private preceptors, students should be discouraged from taking upon themselves the responsibility of the healing art, until they shall have graduated in their profession, at some respectable school.

The Society then proceeded to ballot for officers for the ensuing year, which resulted in the election of the following gentlemen, to-wit:

President—J. B. NASH, M. D.
First Vice President—A. CLARK, M. D.
Second Vice President—C. MARTIN, M. D.
Secretary—R. S. MOLONEY, M. D.
Treasurer—S. G. ARMOR, M. D.
Censors—A. W. BENTWORTH, M. D.
J. C. GOODHUE, M. D.

The chair appointed W. W. Welch, M. D., to read a paper before the Society at its next annual meeting.

On motion,

Voted, That the Society hold an evening session at the Court House, at 7 o'clock, P. M., at which time a lecture was delivered on the subject of *Homœpathy* by Dr. Armor. Interesting remarks, relating more particularly to the *practice* founded on the theory of this school of doctors, were made by Dr. Goodhue.

On motion,

Voted, That the next annual meeting of this Society be held at Dixon, Lee county, Illinois, on the third Tuesday in May next, and that a semi-annual meeting be held in Beloit, Wiskonsin Territory, on the third Tuesday in November.

S. G. ARMOR,
Secretary Rock River Medical Society.

The UNION MEDICAL SOCIETY of northern Indiana, held its third annual meeting in Goshen, on the second Tuesday in May last.

Papers were read as follows: by Dr. Henkle on Quackery, by Dr. Willard on Erysipelas, and by Dr. Parks on Pneumonia; which last excited a spirited discussion.

Dr. Ellis, the President, then delivered an address which we are sorry our limits forbid us from laying before our readers.

These Societies have now stood out their probation, and may be considered as permanently established.

We hope our brethren in other districts will follow the example set them by the Rock River and Northern Indiana physicians in organizing themselves into bodies for mutual benefit. What more refreshing to the careworn practitioner, than occasionally thus to meet with friends with whom he has a common interest, who can appreciate his toils for afflicted man; who think in unison with him on topics that mutually engage their attention; who have the same trials and difficulties to contend with, and who also join in his consolations. Certainly such scenes, with such men, could but be productive of a "flow of soul," and of those

"Greenest spots in Memory's waste."

ARTICLE III.

MEDICAL LEGISLATION.

There seems to be a disposition on the part of the public, or a part of them at least, to have some legislative action in reference to our profession in Indiana; not to protect themselves from the unprincipled charlatan, for fear such protection might result in a professional monopoly, to the exclusion of those who have *not spent* time, money, and the student's toils to qualify themselves, but to fix a tariff of fees by law to govern us in all cases.

The propriety of this has, year after year, been mooted in

our General Assembly, but as yet without any efficient action on the part of that honorable body. Many think it as well to fix the price of corn, flour, and daily labor as the services of physicians.

The following report on the subject, made to the Senate last winter explains itself:

The Report made by Mr. Bowers, Chairman of the Committee on Agriculture, on the Evil now existing in the shape of Doctors' Bills.

Mr. President:—The committee on agriculture, to whom was referred the petition of Enoch Davis and others, praying the General Assembly to inquire into and remove the evil now extant in the shape of Doctors' bills, have, according to order, had the same under consideration, and have instructed me to report that the committee are sensible of the importance of the subject referred to them, and the magnitude of the evil complained of; that it is a source of no little regret to your committee that they have to acknowledge, not only the existence and magnitude of the evil, but also the daily increase of the same. Various causes may be assigned for the increase of the number of these bills, one of the most prominent of which is the known liberality of the members of the profession, and their unwillingness to force, or even urge, the payment of their bills; depending frequently upon the justice and honesty of their employers to come forward and liquidate their bills, until the physician finds himself embarrassed for the want of those means that a prompt and timely payment of them would have supplied him with. Fotunate would it be if the evil stopped here, but not so: the consciences of the debtors, after a while, become awakened, and, conscious of having neglected their duty, their minds sicken and become diseased, and the body, sympathising with the mind, becomes diseased likewise; the physician then has to be sent for, another bill is added to the former, and thus it goes on, the evil increasing, bill being added to bill, *ad infinitum*.

Your committee are fully of the opinion that the remedy for the evil is far beyond the reach of legislation, and that it remains alone for those upon whom the evil must eventually fall to remedy the same. This can only be done by the prompt payment of the bills, to enable the debtors to effect so desirable an object, the committee on agriculture recommend to the petitioners, and all others similarly situated, early rising in the morning, deep ploughing, a judicious selection of the best seeds, a careful attention to the stock on the farm, a

total abstinence from all intoxicating drinks, and to rigidly adhere to the Divine injunction to "render unto Cæsar the things that are Cæsar's;" and with this recommendation, the committee ask to be discharged from the further consideration of the subject.

As is shown by the following, taken from the Boston Medical and Surgical Journal, some of the good people of Connecticut are disposed to seek relief from the same evil:

"*Medical Legislation in Connecticut.*—In the House, May 14th, 'Mr. Howard presented the memorial of John G. Corning and others, praying for a law concerning physicians' fees and prescriptions. The memorial was read. It humbly showed that the healing art had been made too much a mystery for ages, to the injury of morality and giving great facilities for fraud; and the petitioners prayed that a law might be passed directing that all prescriptions shall be legibly written in the English language, that no apothecary shall deliver any medicines without affixing to the bottle or parcel a label in the English tongue, setting forth the contents and mode of mixture; and regulating the fees of physicians. Referred to the committee on patent medicines.'"

We observe that the Ohio Medical Convention, which met at Columbus in May last, has come to the conclusion to solicit the legislature of that State to enact a law in reference to the profession—not to guard against "Doctors' Bills"—but against the impositions of Quackery upon community; and "with a view to giving elevation to the profession in the State, and securing their rights, the following course was adopted:

"*Resolved*, That a committee of fifteen members of this convention be appointed, whose duty it shall be to frame a proper memorial to be laid before the Legislature of this State at its next session, praying for the enactment of a law regulating the practice of physic and surgery in the State of Ohio.

"*Resolved*, That said committee cause a suitable number of copies of said memorial to be printed and circulated throughout the State, and that every regular physician therein be earnestly requested, and every member of this convention enjoined, to procure the signatures of voters to said memo-

rial, and forward the same to the city of Columbus, on or before the first Monday in December next, directed to the Speaker of the House of Representatives of Ohio.

"*Resolved*, That said committee be further required to draft a bill regulating the practice of physic and surgery, and cause the same to be laid before the legislature at its next session, and that they give their personal attention to the action of said body upon the same until finally disposed of."

ARTICLE IV.

NATIONAL MEDICAL CONVENTION.

The meeting of this association which met in Philadelphia on the fifth of May last, was large, and composed of many of the first men of the nation. All the States of the Union were represented except Maine, Alabama, Arkansas, Wisconsin, Texas, and Floridas.

There were seventy-two medical associations represented. Some of them by a number of delegates, whose credentials were examinad by a committee and they took their seats.

Dr. Holmes, of Massachusetts, from a committee of one from each State represented, appointed for the purpose, reported the following named members for officers of the convention, who were unanimously appointed, viz.:

Dr. J. Knight, of Connecticut, *President.*

Drs. Alex. H. Stevens, of New York, G. B. Wood, of Philadelphia, A. H. Buchanan, of Tennessee, and John Harrison, of Louisiana, *Vice Presidents.*

Drs. R. D. Arnold, of Georgia, A. Stille, of Philadelphia, F. C. Stewart, of New York, *Secretaries.*

The following account of the first day's proceedings we take from the New York Med. and Surg. Reporter:

Several propositions were made to admit gentlemen of the medical profession, not delegates to the Convention, to seats in the body, all of which were voted down.

The convention then proceeded to the consideration of the

Report on the subject, (which was referred to a Committee at the last meeting of the Convention in 1846,) of instituting a National Medical Association, for the protection of the Medical Profession, &c. The name of the Association to be the American Medical Association.

On motion of Dr. Watson, of New York, the report was laid on the table, and the same ordered to be printed.

The Convention next took up the Report, accompanied by the address of the committee of the last Convention appointed to consider the expediency, &c., if deemed expedient, of the mode of recommending and urging upon the several State governments, the adoption of measures for a registration of the births, marriages, deaths of their several populations.

The report was accepted, and the address adopted and ordered to be printed.

The convention adjourned until 7 P. M.

Evening Session.—The convention re-assembled at seven o'clock, pursuant to adjournment, when

The President laid before the convention a letter from the managers of the House of Refuge, and also one from those of the Pennsylvania Institution of the Deaf and Dumb, inviting the delegates of the national medical Convention to visit those public institutions.

The convention again proceeded to the consideration of reports—the first being that of the committee appointed at the last session on the following resolution, viz.:

Resolved, That it is desirable that a uniform and elevated standard of requirements for the degree of M. D., should be adopted by all the medical schools in the United States, and that a committee of seven be appointed to report on this subject at a meeting to be held in Philadelphia on the first Wednesday in May, 1847.

Dr. Haxall, of Virginia, the chairman, read an elaborate, elegantly written, and argumentative report, of which the above resolution formed the basis. The following important resolutions were embodied in the report, for the consideration and action of the convention.

Resolved, 1st. That it be recommended to all the colleges to extend the period employed in lecturing from four to six months.

2d. That no student shall become a candidate for the degree of M. D., unless he shall have devoted three entire years to the study of medicine, including the time allotted to attendance upon the lectures.

3d. That the candidate shall have attended two full courses

of lectures, that he shall be 21 years of age, and in all cases shall produce the certificate of his preceptor, to prove when he commenced his studies.

4th. That the certificate of no preceptor shall be received who is avowedly and notoriously an irregular practitioner, whether he shall possess the degree of M. D. or not.

5th. That the several branches of medical education already named in the body of this report be taught in all the colleges; that no less than one hundred lectures be delivered by each Professor, and that the number of Professors be increased to seven.

6th. That it be required of candidates that they shall have steadily devoted three months to dissections.

7th. That it is incumbent upon Preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils; and upon Professors to connect themselves with hospitals, whenever it can be accomplished, for the advancement of the same end.

8th. That it is incumbent upon all schools and colleges granting diplomas fully to carry out the above requisitions.

9th. That it be considered the duty of Preceptors to advise their students to attend only such institutions as shall rigidly adhere to the recommendations herein contained.

The Report was accepted and ordered to be printed.

Dr. James Cowper, from the Committee on the following resolution, passed by the last Convention, made a report thereon, which was received, read and ordered to be printed.

Resolved, That it is desirable that young men, before being received as students of medicine, should have acquired a suitable preliminary education, and that a committee of seven be appointed to report on the standard of acquirements which should be exacted of such young men, and to report at a meeting to be held at Philadelphia on the first Wednesday in May, 1847.

The Report of the committee concludes with the following language:

The object to which the Committee has directed its labors, it is believed, can be best effected by the Convention in the following way:

1st. By establishing a uniform standard of preliminary education for medical students, which shall be of a moderate character—in the first instance, too low rather than too high,—and yet of such extent as will insure both the knowledge and the mental discipline necessary to those who would enter a profession full of labor and responsibility, without excluding meritorious young men of limited means and opportunities.

2d. By earnestly recommending every medical preceptor

to exact this standard of every young man, before admitting him into his office; and having exacted it, to grant him a written certificate to that effect, specifying also the period of his admission into the preceptor's office, as a proper warrant and credential for the student, when about entering a medical college.

3d. By requesting all the medical colleges of the country to require such a certificate of every student applying for matriculation, and, in publishing their annual lists of graduates, to accompany the name of the graduate with the name and residence of his preceptor, the name of the latter being clearly and distinctly presented, as certifying to the qualification of preliminary education.

These ideas the committee have put into the form of distinct resolutions, which they append to their report, submitting both for the consideration of the convention, and, if it think proper, its adoption.

Resolved, That this convention earnestly recommends to members of the medical profession, throughout the United States, to satisfy themselves, either by personal inquiry or the written certificate of competent persons, before receiving young men in their offices, as students, that they are of good moral character, and that they have acquired a good English education, a knowledge of natural philosophy, and the elementary mathematical sciences, including geometry and algebra, and such an acquaintance, at least, with the Latin and Greek languages, as will enable them to appreciate the technical language of medicine, and read and write prescriptions.

Resolved, That this convention also recommends to the members of the medical profession of the United States, when they have satisfied themselves that a young man possesses the qualifications specified in the preceding resolution, to give him a written certificate, stating that fact, and recording also the date of his admission as a medical student, to be carried with him as a warrant for his reception into the medical college in which he may intend to complete his studies.

Resolved, That all the medical colleges in the United States be, and they are hereby recommended and requested to require such a certificate of every student of medicine applying for matriculation; and, when publishing their annual list of graduates, to accompany the name of the graduate with the name and residence of his preceptor, the name of the latter being clearly and distinctly presented, as certifying to the qualification of preliminary education.

Dr. Bell, of Philadelphia, from the committee on the fol-

lowing resolution, adopted by the convention in 1846, made a very long report thereon, which was accepted, read, and laid on the table.

Resolved, That it is expedient that the medical profession in the United States should be governed by the same code of medical ethics, and that a committee of seven be appointed to report a code for that purpose at a meeting to be held in Philadelphia on the 1st Wednesday of May, 1847.

The convention adjourned at half past 9 o'clock, to meet again at 9 o'clock, Thursday morning.

MAY 6th.—The convention met pursuant to adjournment.

The report of the committee on Medical Education was taken up, on motion of Dr. Hays, and the resolutions severally adopted without amendment, except the seventh, for which, on motion of Dr. W. L. Atlee, the following was substituted:

Resolved, That it is incumbent upon the preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils; and upon medical colleges to require candidates for graduation to show that they have attended upon hospital practice for one session whenever it can be accomplished.

The following additional resolution, offered by Dr. Stewart of New York, was adopted:

Resolved, That it be suggested to the faculties of the various medical institutions of the country, to adopt some efficient means of ascertaining that their students are actually in attendance upon their lectures.

After receiving an invitation from Dr. Kirkbride to visit the Pennsylvania Hospital for the Insane, under his care, the convention adjourned until nine o'clock to-morrow morning.

MAY 7th.—Met pursuant to adjournment.

Dr. Haxhall moved to reconsider the vote taken on the fifth resolution adopted yesterday in reference to medical colleges, in which each professor was required to give one hundred lectures to make his course complete in the estimation of the convention; which was carried. The number of lectures was then stricken out, and the resolution adopted.

On motion of Dr. Watson of New York,

The convention took from the table the report of the com-

mittee in reference to organizing a National Medical Association, and after considering the articles of constitution some time, they were adopted as a whole.

The convention then took up the consideration of the report of the committee on medical ethics;

Which report was adopted without amendment.

The report of the committee on the subject of separating the business of teaching and licensing was taken up, and, on motion of Dr. Leonard, of Maryland, the following resolution was adopted:

Resolved, That in view of the necessity hereby declared for reform in the manner of conferring degrees, the two reports submitted by the committee on the separation of teaching and licensing, be published and referred to the committee on medical education, with instructions to report at the next annual meeting of the American Medical Association.

The convention then adjourned to five o'clock, P. M.

Evening Session.—Dr. Flint of New York, offered the following resolution, which was adopted:

Resolved, That it be recommended by this convention to the medical profession of the States, wherein laws sanctioning and providing for the prosecution of dissections do not already exist, to unite in endeavoring to procure the passage of such laws.

Dr. Stewart of New York offered the following:

Resolved, That all unfinished business be referred to the "American Medical Association" about to be organized.

Resolved, That this convention do now resolve itself into the "American Medical Association," and that the officers of the convention continue to act as officers of the Association until others be appointed;

Which were unanimously adopted.

A committee of one from each State represented was appointed to nominate suitable persons as officers of the association, who reported—

For President—Dr. N. Chapman, of Philadelphia.

For Vice Presidents—Drs. J. Knight, of Connecticut; A. H. Stevens, of New York; J. Moultrie, of South Carolina; and A. H. Buchanan, of Tennessee.

For Secretaries—Drs. A. STILLE, of Philadelphia; and J. R. W. DUNBAR, of Baltimore.

For Treasurer—Dr. ISAAC HAYS, of Philadelphia.

A ballot was then had, and the persons named in the report were unanimously elected officers of the association for the ensuing year.

Dr. Chapman, President elect, was introduced, and on taking the chair made the following remarks:

He said he could find no language to express the depth of his gratitude. It had often been his good fortune during his professional life to have been complimented in the same manner, though not in the same degree. This was the most precious of all the honors he had received, as spontaneously conferred by his own brethren. He confessed his incompetency to serve the association as he could desire. He said he loved his profession, and should be ungrateful if he did not: whatever he possessed in this life had been bestowed by its favors; when he forgot it or deserted it and its disciples, he remarked with great emphasis, may God Almighty forget and desert me. He desired that the association should be persuaded of his ardent wishes for the cause, and that his most strenuous efforts would be unceasingly directed to advance the dignity of the profession, and extend its usefulness.

The following was offered by Dr. John B. Johnson, of Missouri:

Whereas, numberless and important evils result from the almost universal practice of allowing persons wholly ignorant of drugs and medicines to engage as apothecaries; and still greater from the universal traffic in patent and secret medicines; therefore,

Resolved, That the committee on education inquire into the expediency of establishing a school or schools of pharmacy in the respective States, for the special purpose of preparing persons for the business of apothecaries; and also the expediency of adopting a rule that no physician ought to patronize a druggist or apothecary who deals in patent and secret medicines, and report at the next annual meeting of the association. Adopted.

The following was offered by Dr. F. Campbell Stewart, of New York:

Resolved, That the committee on publication be directed to have published not less than two thousand copies of the proceedings of the late convention, with the reports, and of this association up to the time of its adjournment; and distribute the same to the members of the association. Passed.

After which, on motion, the association adjourned to meet in Baltimore on the *first Tuesday* of May, 1848.

For much of the foregoing account we are indebted to the Medical Examiner.

We hope soon to receive the official Journal of the proceedings of the convention, with the interesting reports acted upon, when our readers shall hear of it again.

ARTICLE V.

VACANCIES IN MEDICAL SCHOOLS.

Robert Hare, M. D., the eminently distinguished Professor of Chemistry in the University of Pennsylvania, has resigned his chair.

We would be gratified to see the venerable institution from which he has retired, lead off in the great and good work of selecting professors by concours, in filling the vacancy thus occasioned. It would have a powerful influence in determining the policy of other schools, in this respect; teaching them to prefer merit to influential social relations.

John Moorehead, M. D., who has for a long time been connected with and filled different chairs at different times in the Medical College of Ohio, has resigned that of Theory and Practice which he last held.

We would urge upon our friends of Ohio, also, the system of concours.

J. G. Norwood, M. D., has resigned the chair of Materia Medica in the University of St. Louis and accepted an appointment in the corps of geologists sent out by the General Government to survey the mineral lands of the north-west.

The death of Prof. Revere has left the chair of Theory and Practice vacant in the University of the city of New York.

And the chair of Surgery in the medical department of Hampden Sydney College of Virginia is vacated by the death of Professor Warner.

What an impression upon the profession for good would be made could all these vacant places be filled by public trials! What imposing scenes to see the intellectual conflicts between the first minds in the profession! What new life and energy it would diffuse into the great body of the profession for its members to feel that by merit they were all entitled to consideration for the first places and rank! Let the system be adopted, and an era will be marked in our history, of far greater importance than any that has been for the last half century, or is likely to be, without it, for half a century to come.

ARTICLE VI.

FILLING VACANT CHAIRS BY PRIVATE APPLICATIONS.

This plan, adopted by Transylvania University last year to fill the vacant chair of Obstetrics in the medical department of that school is the nearest approach, in this country, to the system of concours, which we ardently hope yet to see adopted by all colleges. In the instance above referred to the system of private applications seems to have worked well.

The University of the city of New York, we observe by an advertisement, has determined upon the same plan to fill the vacant chair of Theory and Practice in that school. By it "The Medical Profession are informed that applications for this professorship will be received until August 10th." Communications to be addressed to John W. Draper, M. D., Secretary of the Faculty, No. 364, Fourth Street, New York. The name of no applicant except the successful one, to be made known.

This we regard as tending to the system of public trials.

It has some advantages, but we think great disadvantages. It is a good test of an individual's standing in community by showing the number and character of the recommendations he can muster. But all know that many good men and talented practitioners, with great influence in society, are yet wholly unqualified for public teaching. While it gives all an opportunity to "try," there cannot be that confidence in its impartiality there would be if the trial were a public one. Here, too, the applicant, unless successful, gains nothing; when, if public, he would have the additional inducement of a prospect of distinguishing himself and of thus being placed in a favorable light for a succeeding contest.

ARTICLE VII.

GEOLOGICAL SURVEY.

The Corps of Geologists recently appointed by the General Government to survey the mineral lands authorized by Congress to be brought into the market, is made up of some of the most scientific men in the country.

David Dale Owen, of Indiana, formerly geologist of the State, distinguished for his ability and correctness in this department of science is chief; with Dr. J. G. Norwood, of Indiana, Col. Charles Whittelsey, of Ohio, Prof. Randall, of Cincinnati, B. C. Macy, of New York, and Dr. Shumard, of Kentucky, as assistants.

The service is expected to continue for several years, and we will look forward with much interest to the reports of their progress, which we suppose will be sent in from time to time.

We understand the principal field of their operations will be the northern part of Wisconsin and the new territory of Minesota.

ARTICLE VIII.

A PRIZE.

We observe that the Medical Society of Lexington, Kentucky, offers a prize of fifty dollars, or a gold medal worth that sum, at the option of the receiver, for the best inaugural thesis that shall be presented to the Faculty of Transylvania University, for the Degree of Doctor of Medicine, at its next session.

ARTICLE IX.

LETHEON.

A spirited war has been, for some time past, carried on between those claiming priority in the discovery of the narcotic effects of the ethereal vapor.

Whether the different claimants will be able to throw any new light upon the subject of its discovery or not does not yet fully appear.

The hottest of the conflict is between Drs. Jackson, Morton, and Wells.

We would respectfully suggest that the patent taken out for its use be honorably relinquished, as it appears the object of it was to secure the title to the discovery, which will now have to be sustained by other evidence. Pray let the profession and the public enjoy the benefits of the application of ether without paying to sustain any one's claim to priority of discovery.

Suppose a patient takes the ether for the insensibility it produces to pain, and, while under its influence, the surgeon performs an operation, charging no other fee than he would be entitled to under other circumstances, what damage would be to pay the patentee? Would damages lie against the surgeon, who has enjoyed none of the advantages of the infringement? or would the patient be subjected to damage for the exemption from pain he has enjoyed?

These are queries that naturally arise in connection with the subject, which *may* be settled by the proper authorities if folks do not quit claiming the discovery of the letheon.

ARTICLE X.

PROFESSOR HERRICK.

Our colleague who, our readers are aware, has been, during the past year, serving as surgeon in the army in Mexico, has returned to his post at home, and will hereafter devote himself to the practice of his profession in Chicago, to his labors as co-editor of the Journal, and to his duties as professor of anatomy in Rush Medical College. As he has seen much service in his department while absent, having been principal acting surgeon at the bloody conflict of Buena Vista, our readers have a right to expect, and we doubt not will shortly receive, a full account of all that is of interest pertaining to the profession, that came under his observation.

ARTICLE XI.

OBITUARY.

Died, suddenly, on the 9th of May, Dr. George McClellan of Philadelphia, in the 51st year of his age.

Dr. McClellan stood confessedly in the first rank of surgeons, not only in this country, but of the present time. He was bold, skillful, fertile in resources, inventive and original in a high degree. We have not at hand the materials to enable us to give, at this moment, an examination of his most brilliant achievements in surgery. His operations and improvements are nowhere collected together and recorded, but scattered through the pages of many different periodicals and books, and disseminated and spread with a liberal hand among his pupils and the profession at large. We may say,

however, that scarcely a difficult operation can be named which he had not performed many times, and in some instances improved upon the mode of their performance.

He was a man of extensive knowledge out of his own profession; of warm and generous sympathies; of a kind and liberal heart. We are much pleased to notice the respect paid to his memory in Philadelphia, which has, in his death, sustained severe loss. We have not heard whether the intention he long entertained of recording his experience in a systematic form, as a treatise on surgery, had been carried into effect, but if not he has left behind him no monument worthy of his mind and talents.

On the 10th of May, of consumption, CICERO ROBBE, M. D., of Pleasant Grove, Illinois.

Dr. Robbe was a graduate of the Medical College at Chicago, and during the short time he had been in practice (about one year,) had gained an extensive reputation, and gave promise of eminence. He was expected to give the course on anatomy at the summer term of Rush Medical College, but was prevented by ill health.

On the 29th of April last, of pneumonia, JOHN REVERE, M. D., Professor of Theory and Practice of Medicine in the University of New York, in the 60th year of his age.

Professor Revere was an accomplished and popular teacher. He lived highly respected, and died deeply regretted.

On the 2d of April last, Hon. JOHN COTTON, M. D., of Marietta, Ohio.

He was an ornament to the profession, by his great learning, sound judgment, and solid piety.

On the 5th of May last, A. L. WARNER, M. D., Professor of Surgery in Hampden Sydney College, Virginia.

NOTICE TO READERS AND CORRESPONDENTS.

We have received original communications from Drs. McNutt, Matthews, and Davis, which will appear in our next.

Those of our correspondents who are not on our regular list, will please to affix their titles to their names—we are often at a loss to do it.

A correspondent wishes to know why our regular contributors do not write more, and why some of them do not write at all.

Received Professor DUNGLISON's Charge to the Graduates of Jefferson Medical College, of Philadelphia, March 25th, 1847 ; with a list of the Graduates, numbering 181.

Catalogue of the Medical Department of Transylvania University for the session of 1846—'47. Number of Students, 205; of Graduates, 68.

Transactions of the Medical Society of the State of New York, vol. vii, part first.

We have received in exchange the following periodicals:

Braithwaite's Retrospect of Practical Medicine and Surgery. Part xiv.
New York Journal of Medicine, etc., New York.
The Annalist, a Record of Practical Medicine, New York.
New York Medical and Surgical Reporter, New York.
The Medical Examiner, etc., Philadelphia.
The Medical News end Library, Philadelphia.
The Western Journal of Medicine and Surgery, Louisville, Ky.
The Western Lancet and Medical Library, Lexington, Ky.
The Southern Medical and Surgical Journal, Augusta, Georgia.
The Boston Medical and Surgical Journal, Boston, Mass.
The Missouri Medical and Surgical Journal, St. Louis, Missouri.
The St. Louis Medical and Surgical Journal, St. Louis, Missouri.
The Practical Educator and Journal of Health, Boston.
Stockton and Co.'s Dental Intelligencer, Philadelphia.

CONTRIBUTORS TO THE ILL. AND IND. MED. AND SURG. JOUR

S. G. Armor, M. D., Rockford, Ill.
A. H. Howland, M. D., Ottawa, Ill.
A. G. Henry, M. D., Pekin, Ill.
Daniel Stahl, M. D., Quincy, Ill.
Edward Mead, M. D., Geneva, Ill.
H. S. Huber, M. D., Chicago, Ill.
David Prince, M. D., Jacksonville, Ill.
P. A. Allaire, M. D., Aurora, Ill.
J. F. Henry, M. D., Burlington, Iowa.
Jno. McLean, M. D., Jackson, Mich.
Edward Lewis, M. D., Jackson, Mich.
Ira C. Bachus, M. D., Jackson, Mich.
J. G. Conwell, M.D., Spring Arbor, Mich
S. B. Thayer, M. D., Battle Creek, Mich.
E. Deming, M. D., Lafayette, Ind.
G. N. Fitch, M. D., Logansport, Ind.
G. W. Clippinger, M.D., Terre Haute, Ia
Elias Fisher, M. D. Waynesville, Ohio.